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COVER LETTER

TO: Amendment Section

Division of Corporations

NAME OF CORPORATION: ______ Sweet Life CONSulfing, INC. 83-26m500 DOCUMENT NUMBER: _ The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: (Name of Contact Person) Sweet Life Consulting, INC. (Firm/ Company) 11SE Concourse Drive Hpt, H TEQUESTA 33469 (City/ State and Zip Code) 5 ac mail. com For further information concerning this matter, please call: Kev. <u>941-0133</u> (Daytime Telephone Number) at (Name of Contact Person) (Area Code) Enclosed is a check for the following amount made payable to the Florida Department of State:

□ \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & Ø\$\$52.50 Filing

Certificate of Status Certified Copy Cer (Additional copy is Cer enclosed) (Ac

☐ S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)

Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

<u>Street Address</u> Amendment Section Division of Corporations Clifton Building 2661 Executive Center Cirele Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

SWEET LIFE CONSULTING, INC

(Name of Corporation as currently filed with the Florida Dept. of State)

N17000011567

(Document Number of Corporation (if known)

Pursuant to the provisions of section 617.1006, Florida Statutes, this Florida Not For Profit Corporation adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

- ---- ---- ------- --name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.

B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)

and the state of the second state of the secon

(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent:

New Registered Office Address:

	 _	, Florida
(City)		(Zip Code)

(Florida speet address)

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New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

Page 1 of 4

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

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. . .

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: <u>X</u> Change <u>X</u> Remove <u>X</u> Add	$\frac{\underline{PT}}{\underline{V}}$	<u>John Do</u> <u>Mike Jo</u> Sally Su	nes	
<u>Type of Action</u> (Check One)	<u>Title</u>		Name	Address
1) Change Add Remove		_		
2) Change Add Remove		-		
3) Change Add Remove		_		
4) Change Add				
Remove 5) Change Add		_		
Remove Change Add				
Remove				

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)

Amendment to the Articles of Incorporation,

Sweet Life Consulting, Inc 83-2600500

Part III of the Articles of Incorporation Paragraph 3

Said organization is organized exclusively for, charitable, religious, educational, and scientific Purposes, including for such purposes, the making of distributions to organizations that qualify as exempt organizations under section 501 $\ (3)$ of the Internal Revenue Code, or corresponding section of any future federal tax code.

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The date of each amendment(s) adoption: date this document was signed.	October 9,2019	, if other than the		
Effective date <u>if applicable</u> :	October 9 2019 re than 90 days after Amendment file date)			
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.				

Adoption of Amendment(s)

(CHECK ONE)

The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

<u>11 2010</u> Dated Signature

(By the chairman or vice elyrman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed tiduciary by that fiduciary)

Kev. (Typed or printed name of person signing)

President & Exercie

(Title of person signing)