N19000002519

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SECRETARY OF STATE
JAULAHASSEE, FLORIDA

JUN 11 2019 S. YOUNG

COVER LETTER

Division of Corporations	
Live with Intention Inc NAME OF CORPORATION:	
N19000002519 DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee are submitted	for filing.
Please return all correspondence concerning this matter to the	c following:
rain randa	
(Nam	e of Contact Person)
Live with Intention Inc	
. (firm/ Company)
510 NW 84 Avé Unit 227	
	(Address)
Plantation, Fl 33324	
(City/	State and Zip Code)
· ·	
E-mail address: (to be used for fu	ture annual report notification)
For further information concerning this matter, please call:	
Tara Owens	954 612-7006 at
(Name of Contact Person)	(Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made payable	to the Florida Department of State:
	75 Filing Fee & S52.50 Filing Fee If fied Copy Certificate of Status ditional sopy is Cortified Copy-
	losed) (Additional Copy is Enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment

to

Articles of Incorporation

of

Live with Intention Inc	·
(Name of Corporation as cur-	rently filed with the Florida Dept. of State)
N19000002519	
	unber of Corpóration (if known)
(130cament iva	Corporation (it known)
Pursuant to the provisions of section 617.1006, Florida Statementment(s) to its Articles of Incorporation:	tutes, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the corpor	ration:
	The new
name must be distinguishable and contain the word "corpo "Company" or "Co." may not be used in the name.	orution" or "incorporated" or the abbreviation "Corp" or "Inc."
B. Enter new principal office address, if applicable:	510 NW 84 AVE UNIT 227
(Principal office address <u>MUST_BE A STREET ADDRES</u>	PLANTATION, FL 33324
	7 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	3 3 3 3 3 3 3 3 3 3
	25 5 0
D. If amending the registered agent and/or registered onew registered agent and/or the new registered office	
The state of the s	
Name of New Registered Agent:	
New Registered Office Address:	(Florida street address)
	. Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Register	ed Agent:
I hereby accept the appointment as registered agent. I am	
•	
	Signature of New Registered Agent, if changing
	Page 1 of 4

address of each Officer and/or Director being added: (Attach additional sheets, if necessary) Please note the officer/director title by the first letter of the P = President; V = Vice President; T = Treasurer; S = Secret			he offic	e and name of each officer/director being removed and title, name, and office title: office title: dary, D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief ficer/director holds more than one title, list the first letter of each office						
Changes should be noted a change, Mike Jones led Mike Jones. V as Remov	aves the c	corporation,	Sally Smith	h is nan						
Example: X Change X Kemove	P.T.	John Dog Mike Jon	, we	-	· ·	•			· · · · · · · · · · · · · · · · · · ·	· ·
X Add	<u>\$v</u>	Sally Sm								•
Type of Action (Check One)	Title		<u>Name</u>		·		. ,	<u>Addre</u> ss		
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Remove .										·
2) Change	 -	• - -				· ·	· 	·	۰ ۰ ۰ ۰ ۰ ۰ ۰ ۰ ۰ ۰ ۰ ۰ ۰ ۰ ۰ ۰ ۰ ۰ ۰	
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Remove										
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. If amending or adding additional Ar	ticles, enter chan	ge(s) here:
(attach additional sheets, if necessary)	(Be specific)	· ·
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05/03/19	
The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
05/03/19	
Effective date if applicable:	
(no more that	n 90 days after amendment file date)
Note: If the date inserted in this block does not meet the document's effective date on the Department of State's r	e applicable statutory filing requirements, this date will not be listed as the ecords.
Adoption of Amendment(s) (CHECK O	<u>NE</u>)
The amendment(s) was/were adopted by the member was/were sufficient for approval.	ers and the number of votes cast for the amendment(s)
There are no members or members entitled to vote adopted by the board of directors.	on the amendment(s). The amendment(s) was/were
05/03/19 Dated	
Signature 2	- Van
	in of the board, president or other officer-if directors
	corporator – if in the hands of a receiver, trustee, or
other court appointed fiduciary t	'1
Tara Owens	
(Турі	ed or printed name of person signing)
President	
	(Title of person signing)