N19000002881

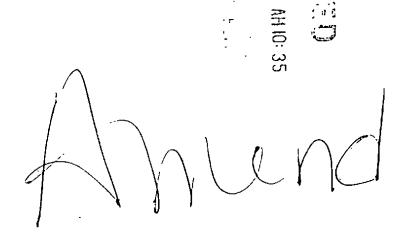
(Req	uestor's Name)	
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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

ONE LIFE TO NAME OF CORPORATION:	O LIVE FOUNDATION,	CORP	
N19000002881 DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee a	re submitted for filing.	,	
Please return all correspondence concerning th	is matter to the following:		
UTER, DAPHNEE			
	(Name of Contact	Person)	
ONE LIFE TO LIVE FOUNDATION, CORP			
	(Firm/ Compa	ıny)	
1931 WEST CT			
· · · · · · · · · · · · · · · · · · ·	(Address)		
WEST PALM BEACH, FL 33406			
	(City/ State and Zi	p Code)	
dboucica@gmail.com			
E-mail address: (to	be used for future annual	report notificatio	n)
For further information concerning this matter,	please call:		
UTER, DAPHNEE		561 at	809-9065
(Name of Contact			(Daytime Telephone Number)
Enclosed is a check for the following amount n	nade payable to the Florid	a Department of	State:
■ \$35 Filing Fee □ \$43.75 Filing F Certificate of \$	•	Certif y is Certif	0 Filing Fee Teate of Status Ted Copy tional Copy is osed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	- , I	Street Address Amendment Sect Division of Corp. The Centre of T	orations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

ONE LIFE TO LIVE FOUNDATION, CORP

(Name of Corporation as currently filed with the Florida	Dept. of State)		
N19000002881			
(Document Num	ber of Corporation (if known	1)	
Pursuant to the provisions of section 617.1006, Florida Statu amendment(s) to its Articles of Incorporation:	ites, this Florida Not For Pro	ofit Corporation adopts the	following
A. If amending name, enter the new name of the corpora	ation:		
			_The new
name must be distinguishable and contain the word "corpor "Company" or "Co." may not be used in the name.	ation" or "incorporated" or	the abbreviation "Corp."	or "Inc."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS	<u>S</u>)		
			20
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			21 SEF
(maining dualities <u>mail be a root of free boa</u>)			
		G-2	P 1
D. If amending the registered agent and/or registered off new registered agent and/or the new registered office		er the name of the	AH 10: 35
Name of New Registered Agent:			
	(Florida	street address)	
New Registered Office Address:	,	so cer ann essy	
		, Florida	
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing Registere I hereby accept the appointment as registered agent. I am for		obligations of the position.	
		Agent, if changing	

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)

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: X Change X Remove X Add	PT John Do V Mike Jo SV Sally Sr	<u>ones</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change Add	VP	LEWIS, ARIE L	661 GAZETTA WAY WEST PALM BEACH, FL 33413
x Remove			
2) Change Add	CFO	BLACK, PAMELA L	4806 COACHMANS DRIVE #6
X Remove 3) Change Add Remove			ORLANDO, FL 32812
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or addin (attach additional shee	g additional Arti ts. if necessary).	cles, enter change(s) here: (Be specific)	
	 		
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The data of such amountment	(s) adoption: SEPTEMBER 20	, 2021		i Cash sa shaw sh-
date this document was signed	(s) adoption:			, if other than the
Effective data if applicables	SEPTEMBER 20, 2021			
Effective date <u>if applicable</u> :	(no more than 90 da	ys after amendment file o	date)	
Note: If the date inserted in th	is block does not meet the appli	cable statutory filing requ	irements, this date will no	t he listed as the
document's effective date on the	ne Department of State's records	s.	arements, this date will 110	t be listed as the

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

(CHECK ONE)

Adoption of Amendment(s)

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.				
Dated SEPTEMBER 1, 2021 Signature				
(By the chairman or vice chairman 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 fiduciary by that fiduciary)				
ARIE L. LEWIS				
(Typed or printed name of person signing)				
VICE PRESIDENT, ONE LIFE TO LIVE FOUNDATION, CORP				
(Title of person signing)				