N19000010314

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: PLANT BASE	D LIFESTYLE MOVEME	ENT INC	
DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are	submitted for filing.		
Please return all correspondence concerning this	matter to the following:		
Koushik R. Reddy			
	(Name of Contact Pe	rson)	
Plant Based Lifestyle Movement Inc.			
	(Firm/ Company))	
9713 Milano Drive			
	(Address)		
Trinity, FL 34655			
	(City/ State and Zip C	ode)	
koushikreddy@phlm.org			
E-mail address: (to be t	used for future annual repo	rt notification	n)
For further information concerning this matter, ple			
Koushik Reddy	at	127	808-0883
(Name of Contact Per	son) (Area Code)	· · · · · · · · · · · · · · · · · · ·
Enclosed is a check for the following amount made	payable to the Florida De	partment of S	State:
\$35 Filing Fee	& \$\subseteq\$\$\\$43.75 \text{ Filing Fee & Certified Copy (Additional copy is enclosed)}\$	Certifi Certifi	Filing Fee cate of Status ed Copy ional Copy is sed)
Mailing Address Amendment Section	Stree	t Address	

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

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Plant Based Lifestyle Movement Inc. (Name of Corporation as currently filed with the Florida Dept. of State) N19000010314 (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: Not Applicable 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: Not Applicable (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) Not Applicable 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: Not Applicable Name of New Registered Agent: (Florida street address) New Registered Office Address: Not Applicable ____. Florida (City) (Zip Code) 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. NOT APPLICABLE
Signature of New Registered 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 = ChiefExecutive 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	<u>∨</u> <u>Mi</u>	hn Doc ike Jones Ily Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	<u>P</u>	Koushik R. Reddy	9713 Milano Drive
X Add			Trinity, FL 34655
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
S) Change			
5) Change Add			
Remove			
Kemove			
6) Change			
Add			
Remove			
		D	

If amending or adding additional Art attach additional sheets, if necessary).	(Be specific)

	e date of each amendment(s) adoption:, e this document was signed.	if other than the
ıacı	e uns document was signed.	
Eff	fective date if applicable:	
	(no more than 90 days after amendment file date)	
	te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be cument's effective date on the Department of State's records.	listed as the
٩de	option 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.	
	Dated	
	Signature Kruslik Andelist	
	(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)	
	Koushik R. Reddy	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	