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SECRETARY UT STATE

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION	Lifestyle Solutions H ON:	ealthy Planet Inc.	<u> </u>				_
DOCUMENT NUMBER:	N20000005727						
The enclosed Articles of Am	endment and fee are subn	nitted for filing.					
Please return all corresponde	ence concerning this matte	er to the following:					
Marcela Trevino							
		(Name of Contact	Person)	 -			_
Lifestyle Solutions Healthy	Planet Inc						
· · · · · · · · · · · · · · · · · · ·		(Firm/ Compa	ny)	<u>.</u> .	·		_
5709 Sandpiper Place							
· · · · · · · · · · · · · · · · · · ·		(Address)					
Fort Myers, Florida 33919							
-		(City/ State and Zi	p Code)			202	
martin.dekkers@outlook.com	n				TALL	2024 114	a
E	-mail address: (to be used	for future annual	eport notification	on)	25	21	
For further information conc	erning this matter, please	call:			<i>J</i>	3	
Martin Dekkers			416 at	621-3550	1716 1716 2847	ľΩ	. 43.
	(Name of Contact Person)		(Area Code)	(Daytime Tel	ephone Nu	mber)	_
Enclosed is a check for the f	ollowing amount made pa	yable to the Florid	a Department o	f State:			
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing For Certified Copy (Additional copenctored)	Certi y is — Certi	50 Filing Fee ficate of Status fied Copy litional Copy is			

Mailing Address

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

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed)

Articles of Amendment to Articles of Incorporation of

Lifestyle Solutions Healthy Planet Inc.

(Name of Corporation as currently filed with the Florida D	ept. of State)	
N20000005727		
(Document Number	er of Corporation (if known)	
Pursuant to the provisions of section 617.1006, Florida Statute amendment(s) to its Articles of Incorporation:	s, this Florida Not For Profit Corporation add	opts the following
A. If amending name, enter the new name of the corporati	on:	
n/a		The new
name must be distinguishable and contain the word "corporat" "Company" or "Co." may not be used in the name.	ion" or "incorporated" or the abbreviation "(Corp," or "Inc."
B. Enter new principal office address, if applicable:	5709 Sandpiper Place	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	Fort Myers, Florida	
	33919	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	same	70 S
muting dutiess MAT IN A LOST OF LICE BOX		TAL.
		12
D. If amending the registered agent and/or registered offic		1555 F
new registered agent and/or the new registered office a	ddress:	Wit IS
Name of New Registered Agent:		The St
	(Florida street address)	<u>. </u>
New Registered Office Address:		
	(City) , Florida, Florida	
	(City) (Zip Co	ગ્લભ
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am far	Agent: niliar with and accept the obligations of the po	sition.
Sī.	gnature 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 = 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 So	<u>ones</u>	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change Add	<u>v&s</u>	Mary Ann Parsons	2008 Everest Parkway Cape Coral, FL 33904
K Remove			
2) Change Add	<u>v</u>		
Remove 3) Change	<u>S</u>		
4) Change Add			9024 IIAY SECRET
Remove 5) Change Add			21 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3
Remove			
6) Change Add			
Remove			
F. If amending or additional sheet		icles, enter change(s) here: (Be specific)	
For clarity. We voted to:	split the Vice Pres	ident and Secretary position into a Vice Presi	dent position and a
Secretary postiion.			
			<u> </u>

<u></u>	
	SEC SEC
	DORE TA
	<u> </u>
	TO NO NEW YORK
	• •
The date of each amendment(s) adoption: May 7, 2024	if other than the
date this document was signed.	
May 7 2074	
Effective date if applicable: (no more than 90 days after amendment)	file date)
(no more than 30 days after amenament)	me uun /
Note: If the date inserted in this block does not meet the applicable statutory filing	requirements, this date will not be listed as the

<u>Note:</u> 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 east 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 May 9, 2024 Signature May 9, 2024				
(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)				
Martin Dekkers				
(Typed or printed name of person signing)				
Treasurer				
(Title of person signing)				

2024 HAY 21 AM 2: 35 SECRETARY OF STATE