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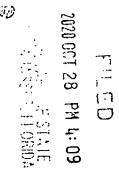
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COVER LETTER

TO: Amendment Section Division of Corporations

Maximum Life, Inc. NAME OF CORPORATION: N20000012066 DOCUMENT NUMBER: _ The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Scott Beauchamp (Name of Contact Person) Middlebrook Goodspeed (Firm/ Company) 611 S. Main St., Suite 500 (Address) Grapevine, TX 76051 (City/ State and Zip Code) scott@mglawteam.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Scott Beauchamp 817 662-7088 (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: □ \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filling Fee

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Mailing Address

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

Certificate of Status

Street Address

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

Certificate of Status

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Articles of Amendment to Articles of Incorporation of

(Document No	ımber of Corporation (it	known)
nursuant to the provisions of section 617,1006, Florida Stamendment(s) to its Articles of Incorporation:	atutes, this Florida Not	For Profit Corporation adopts the following
. If amending name, enter the new name of the corpo	oration:	
ame must be distinguishable and contain the word "corp	oration" or "incorpora	The new ted" or the abbreviation "Corp" or "Inc."
Company" or "Co," may not be used in the name.		
. Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDRE</u>	<u></u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
If amending the registered agent and/or registered onew registered agent and/or the new registered officers.	office address in Florid	a, enter the name of the
Name of New Registered Agent:		
New Registered Office Address:	,	Floricki strvet addressij
<u> </u>		, Florida
	(City)	(Zip Code)
ew Registered Agent's Signature, if changing Register	red Agent:	
hereby accept the appointment as registered agent. I am	familiar with and accep	of the obligations of the position.
- Tan	Jumilar With and accep	a the omigations of the position.
	Signature of New Reoi	stered Avent if champing

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	<u>PT V SV</u>	John Do Mike Jo Sally Sn	<u>nes</u>	
Lype of Action (Check One)	Title		Name	Address
1) Change Add		-		
Remove				
2) Change Add		-		
Remove 3) Change Add Remove		-	· 	
4) Change Add				
Remove				
Sr Change Add		-		
Remove				
6) Change Add		_		
Remove				
E. If amending or addit (attach additional shee	n <u>e additio</u> ets, if nece	onal Arti essary).	cles, enter change(s) here; (Be specific)	
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The date of a site of the second		
date this document was signed.	loption:	, if other than the
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this blo document's effective date on the De	ck does not meet the applicable statutory filing requirements, this date wipartment of State's records.	Il not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were ac was/were sufficient for approva	dopted by the members and the number of votes cast for the 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 10 28 2020 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)					
Scorr BEAUCHAMP					
(Typed or printed name of person signing)					
Paralegal					
(Title of person signing)					