

N21 000000 4225

(Requestor's Name)

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(Address)

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(Address)

(City/State/Zip/Phone #)

☐ MAIL

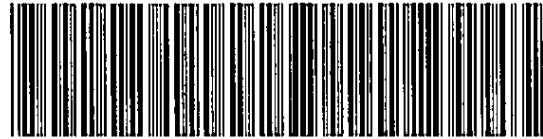
(Business Entity Name)

(Document Number)

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**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: TOTAL LIFE CENTER INCORPORATED

DOCUMENT NUMBER: N21000004225

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Loriann Fleming

(Name of Contact Person)

Total Life Center Incorporated

(Firm/ Company)

4301 NW 48th Ave

(Address)

Lauderdale Lakes, FL, 33319

(City/ State and Zip Code)

info@totallifecenter.org

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Loriann Fleming

(813)

526- 2817

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:

- |  |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input checked="" type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy is<br>Enclosed) |
|--|--|---|---|

**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

Articles of Amendment  
to  
Articles of Incorporation  
of

TOTAL LIFE CENTER INCORPORATED

(Name of Corporation as currently filed with the Florida Dept. of State)

N21000004225

(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:

NA

*The new 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:

NA

(Principal office address MUST BE A STREET ADDRESS)

C. Enter new mailing address, if applicable:

NA

(Mailing address MAY BE A POST OFFICE BOX)

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:

Name of New Registered Agent: NA

New Registered Office Address:

(Florida street address)

(City)

Florida

(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.*

*Signature of New Registered Agent, if changing*

(Attach additional sheets, if necessary)

*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.*

Example:

Type of Action  
(Check One)

i)  $\frac{\text{Change}}{\text{Add}}$

4301 NW 48TH AVE  
Lauderdale Lakes, FL 33319

Remove

2) \_\_\_\_\_ Change  
\_\_\_\_\_ Add

[illegible]

Figure 1 consists of two horizontal bar charts. The top chart is titled 'Respondents' and the bottom chart is titled 'Non-respondents'. Both charts show the percentage of respondents for three categories: 'Yes', 'No', and 'Don't know'.

Category	Respondents (%)	Non-respondents (%)
Yes	~85	~85
No	~10	~10
Don't know	~5	~5

Remove

3 ) ☐ Change  
☐ Add  
☐ Remove

Age Group	Total (%)	Male (%)	Female (%)	Male (%)	Female (%)
18-24	100	100	100	100	100
25-34	100	100	100	100	100
35-44	100	100	100	100	100
45-54	100	100	100	100	100
55-64	100	100	100	100	100
65+	100	100	100	100	100

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4) \_\_\_\_\_ Change  
\_\_\_\_\_ Add

Age Group	Total	Female	Male	Non-Hispanic	Hispanic
18-24	~10%	~10%	~10%	~10%	~10%
25-34	~25%	~25%	~25%	~25%	~25%
35-44	~35%	~35%	~35%	~35%	~35%
45-54	~45%	~45%	~45%	~45%	~45%
55-64	~55%	~55%	~55%	~55%	~55%
65+	~65%	~65%	~65%	~65%	~65%

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

☐ Remove

5) \_\_\_\_\_ Change  
\_\_\_\_\_ Add

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Remove

6)        Change  
       Add

\_\_\_\_\_

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Remove

(attach additional sheets, if necessary). (Be specific)

NA

[illegible]

- ☒ 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 04/22/2021

Signature Kerrina O'Connor  
(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)

Kerrina O'Connor  
(Typed or printed name of person signing)

Secretary  
(Title of person signing)