N21000007818

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JEHNIE WILL

COVER LETTER

TO: Amendment Section Division of Corporations

BETTER LIFE AC. NAME OF CORPORATION:	ADEMY PTO, INC
N21000007818	
DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee are sub-	omitted for filing.
Please return all correspondence concerning this mat	ter to the following:
ANDRES GUERRERO	
	(Name of Contact Person)
BETTER LIFE ACADEMY	
	(Firm/ Company)
2210 CR 528	
	(Address)
SUMTERVILLE, FL 33585	
`	(City/ State and Zip Code)
andres@betterlifeofcentralfl.com	
E-mail address: (to be use	ed for future annual report notification)
For further information concerning this matter, pleas	e call:
JENIFFER HAINES	352-569-4252 at
(Name of Contact Perso	
Enclosed is a check for the following amount made p	payable to the Florida Department of State:
☐ \$35 Filing Fee	□S43.75 Filing Fee & □S52.50 Filing Fee Certified Copy (Additional copy is enclosed) □S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is 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

BETTER LIFE ACADEMY PTO, INC.

(Name of Corporation as currently filed with the Florida D	ept. of State)	•
N21000007818		
(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 adopts t	he following
A. If amending name, enter the new name of the corporation N/A	on:	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.	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	N/A	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	
		-
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office as		
N/A	duress.	
Name of New Registered Agent:		
New Registered Office Address:	(Florida street address)	
	, Florida	
	(City) (Zip Code)	
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fan	Agent: niliar with and accept the obligations of the position	n. 21 JUL
Sig	gnature of New Registered Agent, if changing	1
		盂
		\$£ ₽
		Ç:

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= Trustec; 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</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change Add			
Remove			
2) Change Add		<u> </u>	
Remove 3) Change Add Remove	e-pi-	<u></u>	
4) Change Add		-	
Remove		-	
5) Change Add	 -		
Remove		-	
6) Change Add		- .	
Remove		-	
E. If amending or addin (attach additional sheed		nal Articles, enter change(s) here: ssary). (Be specific)	
Article III. The specific p	urpose fo	or which this corporation is organized is:	-
This organization is organ	ized excl	usively for educational purposes under section 501(e)(3) of the Internal Revenue Code,
or corresponding section of	of any fut	ure federal tax code.	
Upon dissolution of this o	rganizatio	on, assets shall be distributed for one or more exempt p	urposes within the meaning of
section 501(c)(3) of the In	ternal Re	evenue Code, or corresponding section of any future fed	ieral tax code or shall be

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The date of each amendment(s) adoption:late this document was signed.	if other than the
Effective date if applicable:	

document's effective date on the Department of State's records.

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the

Adoption 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.

or other officer-if directors s of a receiver, trustee, or
on signing)