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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: ESSENTIALYZE LIFE, INC
DOCUMENT NUMBER: N2Z00007487
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
(Name of Contact Derson)
Essentialyze Life, INC
180 Broome St Apt 1303 (Address)
New York NY 10002
(City/ State and Zip Code) <u>Chandelle Wrong @ESSentialyze - Com</u> E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Chandelle Wrong (305) 927-6391
(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 Filing FeeCertificate of StatusCertified CopyCertificate of Status(Additional copy is enclosed)Certified Copy (Additional Copy is Enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Tallahassee, FL 32314Tallahassee, FL 323142415 N. Monroe Street, Suite \$10Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

(Name of Corporation as currently filed with the Florida)	Dept. of State)	
Essentralyze Ufe, INC. (Document Numb	N 22 00 000 748 7 ber of Corporation (if known)	-
Pursuant to the provisions of section 617.1006, Florida Statut amendment(s) to its Articles of Incorporation:	tes, this Florida Not For Profit Corporation adopts the followir	រឭ
A. If amending name, enter the new name of the corporation	ition:	
name must be distinguishable and contain the word "corpora "Company" or "Co," may not be used in the name.	ation" or "incorporated" or the abbreviation "Corp." or Inc.	2 -
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>	<u>5)</u>	`.
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>)	Chandelle Wing	 1
D. If amending the registered agent and/or registered offi	190 Browne St Apt 1303 New York, NY 10002	-
new registered agent and/or the new registered office a		
	landelle Wrong	_
<u>New Registered Office Address</u> :	(Florida street address)	-
	. Florida (City) (Zip Code)	_
New Registered Agent's Signature, if changing Registered	d Agent:	
Thereby accept the appointment as registered agent. I am fa		
J	Agricant of the negative a regent of changing	

$(\mathbf{r}_{1}, \mathbf{r}_{2}, \mathbf{r}_{3}, \mathbf{r}_{3}, \mathbf{r}_{3}, \mathbf{r}_{3})$

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:

Example: <u>X</u> Change <u>X</u> Remove <u>X</u> Add	<u>PT</u> <u>John I</u> <u>V</u> <u>Mike</u> <u>SV</u> Sally S	lones	
<u>Type of Action</u> (Check One)	<u>_Title</u>	Name	<u>Addres</u> s
l) Change Add	<u>C0</u> D_	Beverly Bonilla	PO BOX 292490
2) X Change Add	PICED	Chandelle Wrong	Columbia, SC 29229 180 Broome St Aptizos
3) Remove Change	TICOC	Alina Rodriguez	New York, NY 10002 1100 S Miami Ave Apt 3710
⁴) _ Change Add	VP	Samantha Wrong	Miami, Fl. 33130 15758SW74ST Miami, Fl. 33193
5) Change Add	5	Emanuelle Hawkins	8215 SW 72 Ave Apt 1214
6) Remove	D	Mabelyn Alva	Miami, Fl. 33143 180 Boome St Apt 1303 New York, NY 10002
Remove			

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)

Essentialyze Life INC is a nonprofit organization geared toward' providing telehealth/healthcare and opportunities to the less fortunate, by qualified professionals. We believe that education and employment are key to breaking the cycle of

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poverty and improving over-all well-being for individuals and families. Through our programs and Services, we strive to empower individuals and families to lead healthy and fulfilling lives, while building Stronger, more resultent communities.

The date of each amendment(s) adoptio	3/11/2023	, if other than the
date this document was signed.	- -	
Effective date <u>if applicable</u> :	311/2023	
	Zeren and the Contract of the Last	

(no more than 90 days after amendment file date)

<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)

• . • • • .

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

202 311 Dated 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)

Chandelle M. Why (Typed or printed name of person signing)

CEO/President

(Title of person signing)