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Division of Corporations

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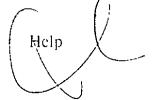
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COR AMND/RESTATE/CORRECT OR O/D RESIGN GIDEONLIFE THERAPEUTIC MENTORING CORP.

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COVER LETTER

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TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	DEONLIFE THERA	PEUT	IC MENTO	RING CORP.		
DOCUMENT NUMBER:	N22000008					
The enclosed Articles of Amendment and fee are su	abmitted for filing.					
Please return all correspondence concerning this ma	atter to the following:					
LOVETTE DOBSON						
	(Name of Contact	Perso	n)			
			_			
	(Firm/ Compa	my)				202
17350 STATE HWY 249 STE 220					. •	2022 OC T
	(Address)			 -		
HOUSTON, TX 77064						
	(City/ State and Zi	ip Cod	e)		h,	- - 8:
EFILE1234@INCFILE.COM					-11	8: 24
E-mail address: (to be us	sed for future annual	report	notification)		
For further information concerning this matter, plea	ase call:					
LOVETTE DOBSON	on)	at	1	888-462-3453		
(Name of Contact Pers	on)	(Ai	rea Code)	(Daytime Telephon	e Numbe	r)
Enclosed is a check for the following amount made	payable to the Florid	la Dep	artment of S	State:		
■ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status			Certifi Certifi	Filing Fee cate of Status ed Copy ional Copy is sed)		
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Ft. 32314		Ameno Divisio The C	Address Iment Section of Corpo entre of Ta N. Monroe	rations		

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation

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GIDEONLIFE THERAPEUTIC MENTORING CORP.

Name of Corporation as currently filed with the Flor	N22000008678		
(Document N	lumber of Corporation (if know	wn)	
Pursuant to the provisions of section 617,1006, Florida S imendment(s) to its Articles of Incorporation:	atatutes, this Florida Not For I	Profit Corporation adopts th	e following
A. If amending name, enter the new name of the corp	noration:		
			The new
name must be distinguishable and contain the word "cor "Company" or "Co." may not be used in the name.	poration" or "incorporated"	or the abbreviation "Corp."	or "Inc."
3. Enter new principal office address, if applicable:			
Principal office address MUST BE A STREET ADDR.	ESS)	•	2027
			<u> </u>
Enter new mailing address, if applicable:			·
(Mailing address MAY BE A POST OFFICE BOX)			_
		<u></u>	<u>.</u> ထ္
		-	. 21
	······································		<u>:</u>
. If amending the registered agent and/or registered		iter the name of the	
new registered agent and/or the new registered off	fice address:		
Name of New Registered Agent:			
	76 RIVERSIDE AVE		
·	tflora	da street address)	
New Registered Office Address:			
	JACKSONVILLE	. Florida	2202
	(City)	, Florida' Zip Code)	
iew Registered Agent's Signature, if changing Regist hereby accept the appointment as registered agent. I a	t <mark>ered Agent:</mark> um familiar with and accept th	e obligations of the position.	
	Signature of New Registers	rd Agent, if changing	

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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>V</u> <u>Mik</u>	Doe 2 Jones 2 Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change Add	<u> </u>	MARSHA DANIEL	1317 EDGEWATER DRIVE 22 SUITE 4714 - 03
Remove 2) Change Add	D	INDIRA BERRY	ORLANDO , FL 32804- 1317 EDGEWATER DRIVE SUITE 4714 CO
X Remove	PSD	AVIS BAILEY	ORLANDO , FL 32804 1317 EDGEWATER DRIVE SUITE 4714 ORLANDO , FL 32804
4) Change Add	TVD	EUSTACIO BAILEY	1317 EDGEWATER DRIVE SUITE 4714
Remove			ORLANDO , FL 32804
5) Change Add	D	TRACIE NEWTON	1317 EDGEWATER DRIVE SUITE 4714
Remove			ORLANDO , FL 32804
6) Change	<u>D</u>	KIMBERLY CRUZ	1317 EDGEWATER DRIVE SUITE 4714
Remove			ORLANDO , FL 32804
E. If amending or ad (attach additional s)		Articles, enter change(s) here: (Be specific)	

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		<u> </u>
		<u> </u>
		72
The date of each amendment(s) a date this document was signed.	toption:	, if other than the
Effective date if applicable:	(no more than 90 days after amendment file d	Literal
<u>Note:</u> If the date inserted in this ble document's effective date on the De	ock does not meet the applicable statutory filing requespartment of State's records.	irements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were a was/were sufficient for approv	dopted by the members and the number of votes cast	t for the amendment(s)

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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	10/10/2022
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 (iduciary by that fiduciary)
	Avis Bailey
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)