113368

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MAY 2 9 2014 R. WHITE

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	THE ENHANCEMENT	AND ENRICHMENT OF LIFE, INC.
DOCUMENT NUMBER: N33628		
The enclosed Articles of Amendment and fee are subm	itted for filing.	
Please return all correspondence concerning this matter	to the following:	
Sandra C. Chiplite		
	Name of Contact Person	1)
FOUNDATION FOR THE ENHANCE	MENT AND ENF	RICHMENT OF LIFE, INC
	(Firm/ Company)	
601 North Congress Ave	nue, St# 42	28-A
	(Address)	,
DELRAY BEACH, FLOR	IDA 33445	
(City/ State and Zip Code	e)
SCELEST@TFXL	JSA.COM	
E-mail address: (to be used	for future annual report	notification)
For further information concerning this matter, please of	all:	
SANDRA C. CHIPLITE	_{at (} 561	278-7668
(Name of Contact Person)		ode & Daytime Telephone Number)
Enclosed is a check for the following amount made pay	able to the Florida Depa	artment of State:
\$35 Filing Fee \$\Bigcup \\$43.75 Filing Fee & Certificate of Status	3\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	©\$52.50 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	Amend Divisio Clifton 2661 E	Address ment Section n of Corporations Building xecutive Center Circle ussee, FL 32301

Articles of Amendment to Articles of Incorporation

F.1_ED

FOUNDATION FOR THE ENHANCEMENT AND ENRICHMENT OF LIFE, INC. 122

N33628	if thed with the Pic	·	The state of the s	
(Doc	ument Number of Co	orporation (if known)		
Pursuant to the provisions of section 617. amendment(s) to its Articles of Incorporate		es, this <i>Florida Not For Pro</i>	ofit Corporation adopts the	followin
A. If amending name, enter the new na	me of the corporat	ion:		The ne
name must be distinguishable and contain "Company" or "Co." may not be used in		tion" or "incorporated" or	the abbreviation "Corp." o	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS		601 NORTH CONGRE	SS AVENUE, ST# 428-A	
		DELRAY BEAC	CH CH	
		FLORIDA, 3344	45	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		601 NORTH CONGRE	SS AVENUE, ST# 428-A	
		DELRAY BEAC	Н	
		FLORIDA, 334	45	
D. If amending the registered agent an new registered agent and/or the new			er the name of the	
Name of New Registered Agent:	SANDRA C	CHIPLITE		
	601 NORTH CO	NGRESS AVENUE, ST	# 428-A	
New Registered Office Address:		(Florida street address)		
	DELRAY B	EACH	, Florida 33445	
	(City)		(Zip Code)	
New Registered Agent's Signature, if cl I hereby accept the appointment as registed	nanging Registered ered agent. I am fa	Agent: miliar with and accept the o	obligations of the position.	
	Signature of New	Registered Agent, if changi	ing	

Page 1 of 4

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	PT John D V Mike Jo SV Sally Si	ones	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	Agent	GONSALVES, PATRICIA E	11913 NW 31 STREET
Add -		•	CORAL SPRINGS,
X Remove			FL 33065
2) Change	DVPT	GONSALVES, PATRICIA E	11913 NW 31 STREET
Add			CORAL SPRINGS,
X Remove			FL 33065
3) Change	DS	GONSALVES, RHONDA L	11913 NW 31 STREET
Add	•		CORAL SPRINGS,
X Remove	•		FL 33065
4) Change	Agent/TSCFO	SANDRA C. CHIPLITE	601 NORTH CONGRESS AVENUE, ST# 428-A
X Add	,		DELRAY BEACH
Remove			FLORIDA, 33445
5) Change	PCCEO	CHRISTOPHER WILLIAMS	601 NORTH CONGRESS AVENUE, ST# 428-A
X			DELRAY BEACH
Remove			FLORIDA, 33445
6) Change	VD	DAVID WELLS	601 NORTH CONGRESS AVENUE, ST# 428-A
X			DELRAY BEACH
Remove			FLORIDA, 33445
		Page 2 of A	

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

The date of each			, if other than th
date this document was signed. Effective date <u>if applicable:</u>		5/1/2014	
		(no more than 90 days after amendment file date)	— ,
Adoption of Am	endment(s)	(CHECK ONE)	
	nent(s) was/w fficient for ap	vere adopted by the members and the number of votes cast for the amendment(s) opproval.	
	members or the board of o	members entitled to vote on the amendment(s). The amendment(s) was/were directors.	
Dat	ed	75/1/2014	
Sig	nature	in	·
		chairman or vice chairman of the board, president or other officer-if directors	
•		not been selected, by an incorporator – if in the hands of a receiver, trustee, or court appointed fiduciary by that fiduciary)	
	01	ristopher Williams	
		(Typed or printed name of person signing)	
		President, CHAIRMain	
		(Title of person signing)	•