## P0300093932

| (Requestor's Name)                      |
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| PICK-UP WAIT MAIL                       |
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| (During Catal Mann)                     |
| (Business Entity Name)                  |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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Office Use Only



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AUG 2 1 2017 S. YOUNG

## COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPO                             | RATION: MED-LIFE ENTE                       | RPRISE INC  |  |  |  |
|---|---|---|--|--|--|
|   | BER: P03000093932                           |   |  |  |  |
| The enclosed Articles                     | s of Amendment and fee are su               | ibmitted for filing.  |  |  |  |
| Please return all corre                   | espondence concerning this ma               | itter to the following:   |  |  |  |
|   | LEN JOHNSON                                 |   |  |  |  |
|   | Name of Contact Person                      |   |  |  |  |
|   | JOHNSON AND ASSOCIATES ACCOUNTING LLC       |   |  |  |  |
|   | -   | Firm/ Company   |  |  |  |
|   | 3600 S STATE RD 7, SUITE 232                |   |  |  |  |
| Address                                   |   |   |  |  |  |
|   | MIRAMAR, FL 33023                           |   |  |  |  |
|   |   | City/ State and Zip Cod   | e e  |  |  |
| LMJ                                       | @ACCOUNTANT.COM                             |   |  |  |  |
| ~-  | E-mail address: (to be us                   | sed for future annual report                                      | notification)  |  |  |
|   |   |   |  |  |  |
| For further information                   | on concerning this matter, pleas            | se call:  |  |  |  |
| LEN JOHNSON                               |   | 305   | 318-1007   |  |  |
| Name of Contact Person                    |   | Area Co   | de & Daytime Telephone Number  |  |  |
| Enclosed is a check for                   | or the following amount made                | payable to the Florida Depa                                       | artment of State:  |  |  |
| S35 Filing Fee                            | □\$43.75 Filing Fee & Certificate of Status | □S43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) |  |  |
| Mailing Address                           |   |   | Address  |  |  |
|   | endment Section                             | Amendment Section   |  |  |  |
| Division of Corporations<br>P.O. Box 6327 |   | Division of Corporations Clifton Building                         |  |  |  |
| Tallahassee, FL 32314                     |   | 2661 Executive Center Circle                                      |  |  |  |

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

MED-LIFE ENTERPRISE INC.

| The new any," or "incorporated" or the abbreviation of essional corporation name must contain the STATE RD 7  FLOOR  RDALE LAKES, FL 33319  |
|---|
| The new any," or "incorporated" or the abbreviation of essional corporation name must contain the STATE RD 7  FLOOR  ERDALE LAKES, FL 33319 |
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| ida, enter the name of the  |
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| 33317   |
| , Florida<br>(Zip Code)   |
|   |

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             | <u>PT</u>   | John Doe       |                           |  |  |
|-------------------------------|-------------|----------------|---------------------------|--|--|
| X Remove                      | <u>V</u>    | Mike Jones     |                           |  |  |
| <u>X</u> Add                  | <u>sv</u>   | Sally Smith    |                           |  |  |
| Type of Action<br>(Check One) | Title       | <u>Name</u>    | Address                   |  |  |
| 1) Change                     | <u>v</u>    | CLEOPHAT TANIS | 8032 DANCING WIND LANE    |  |  |
| X<br>Add                      |             |                | UNIT 607                  |  |  |
| Remove                        |             |                | NAPLES, FL 34119          |  |  |
| 2) Change                     | V           | MAX PAUL       | 4055 NAVIGATOR WAY        |  |  |
| X Add                         |             |                | KISSIMMEE, F1. 34746-1826 |  |  |
| Remove                        |             |                |                           |  |  |
| 3) Change                     |             |                |                           |  |  |
| Add                           |             |                |                           |  |  |
| Remove                        |             |                |                           |  |  |
| 4) Change                     | <del></del> |                | <del></del>               |  |  |
| Add                           |             |                |                           |  |  |
| Remove                        |             |                |                           |  |  |
| 5) Change                     |             |                |                           |  |  |
| Add                           |             |                |                           |  |  |
| Remove                        |             |                |                           |  |  |
| 6) Change                     |             |                |                           |  |  |
| Add                           |             |                |                           |  |  |
| Remove                        |             |                | _                         |  |  |

| E. If amending or adding additional Arti<br>(Attach additional sheets, if necessary). | (Be specific)  |
|---|--|
| N/A   |  |
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| F. If an amendment provides for an each   | nange, reclassification, or cancellation of issued shares, |
| provisions for implementing the amer  | ndment if not contained in the amendment itself:           |
| (if not applicable, indicate N/A)   |  |
| N/A   |  |
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| AUGUIST 07, 2017 The date of each amendment(s) adoption: date this document was signed.  | , if other than th     |
|--|------------------------|
| Effective date if applicable:  |                        |
| (no more than 90 days after amendment file date)   |                        |
| Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date wildocument's effective date on the Department of State's records.                                | I not be listed as the |
| Adoption of Amendment(s) (CHECK ONE)   |                        |
| ☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.   |                        |
| ☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):       |                        |
| "The number of votes east for the amendment(s) was/were sufficient for approval  |                        |
| by   |                        |
| (voting group)   |                        |
| The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.  |                        |
| ☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.   |                        |
| AUGUST 7, 2017   |                        |
| Dated  |                        |
| Signature  |                        |
| (By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary) | _                      |
| LEMUEL PIERRE  |                        |
| (Typed or printed name of person signing)  |                        |
| PRESIDENT  |                        |
|  |                        |

(Title of person signing)