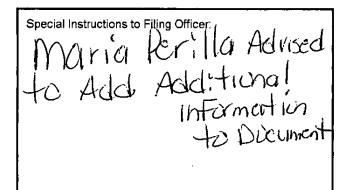
# P04000129035

(1	Requestor's Name)
(	Address)
(	Address)
(1	City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
. (	Business Entity Name)
(1	Document Number)
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# **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: WEST LIF	FE,INC	
DOCUMENT NUMBER: P04000129035	5	
The enclosed Articles of Amendment and fee	are submitted for filing.	
Please return all correspondence concerning t	his matter to the following:	
CEC	CILIA GAVIRIA	
(Nam	e of Contact Person)	
WES	ST LIFE,INC	
(I	Firm/ Company)	
1841 NW 24TH TERRAC	CE	
——————————————————————————————————————	(Address)	
FORT LAUDERDALE, FLO	ORIDA 33311	
(City/	State and Zip Code)	
For further information concerning this matte	er, please call:	
MARIA PERILLA	at ( 954) 972-99	971
(Name of Contact Person)	(Area Code & Daytime	e Telephone Number)
Enclosed is a check for the following amount	:	
☑ \$35 Filing Fee	□\$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	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center C Tallahassee, FL 32301	ircle

## Articles of Amendment to Articles of Incorporation of

### WEST LIFE, INC

(Name of corporation as currently filed with the Florida Dept. of State)

### P04000129035

(Document number of corporation (if known)

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

(Must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.")

### **NEW CORPORATE NAME (if changing):**

(A professional corporation must contain the word "chartered", "professional association," or the abbreviation "P.A.") AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: (BE SPECIFIC) 11 vod Brown - 64 OFFICERS AND DIRECTORS DELETE-MICHELLE SEWELL-92 WEST PALM DRIVE, MARGATE FL 33063-VP DELETE- BRENDA V. ALDANA-6955 NW 186TH STREET, MIAMI, FLORIDA, 33015-SD ADD- MARIA PERILLA-830 S HOLLYBROOK DRIVE, PEMBROKE PINES, FL33025-VP ADD-MICHELLE DAVENPORT-6475 NW 77TH PLACE, PARKLAND, FLORIDA 33067-VP ADD-SANTIAGO GUERRERO-411 SW. SELDAM PLACE, PORT ST. LUCIE, FL 34953-VP ADD- SHANTA HALL 13625 GRAGSTON CIRCLE TAMPA,FL 33613-D DELETE-MICHELLE SEWELL-92 WEST PALM DRIVE, MARGATE FL 33063 AS REGISTERED AGENT ADD-CECILIA GAVIRIA AS REGISTERED AGENT 6475 NW 1745 Place PArkland, 7,3300 (Attach additional pages if necessary) Parkland, Pa \* Principal/mailing address-change To: 6475 NW 77th Place If an amendment provides for exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)

(continued)

The date of each amendment(s) adoption: SEPTEMBER 12, 2007	
Effective date if applicable: SEPTEMBER12, 2007	
(no more than 90 days after amendment file date)	
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were approved by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	r
☐ 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 cast 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.	n
The amendment(s) was/were adopted by the incorporators without shareholder action an shareholder action was not required.	ıd
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)	
CECILIA GAVIRIA	
(Typed or printed name of person signing)	
PD	
(Title of person signing)	

FILING FEE: \$35