

(Ke	questor's Name)	
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(Cit	y/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name)	
(Do	cument Number)	
Certified Copies	_ Certificates of	Status
Special Instructions to	Filing Officer:	

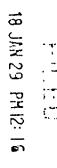
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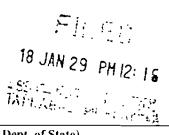
R. WHITE



COVER LETTER

TO: Amendment Section Division of Corpor			
NAME OF CORPORA	ATION: Lori A. Reyes, P.A		
DOCUMENT NUMBI			
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.	
Please return all corresp	ondence concerning this ma	tter to the following:	
L	ORI A. REYES		
_		Name of Contact Perso	11
L	ori A. Reyes, P.A.		
-	·	Firm/ Company	
3	2 SE 2ND AVENUE, STE I	302	
_	·	Address	
IJ	ELRAY BEACH, FLORID	A 33444	
_	<u> </u>	City/ State and Zip Co	de
	E-mail address: (to be us	ed for future annual repor	notification)
	is man address. (15 50 dr	and to remote united repor	(Invition)
For further information	concerning this matter, pleas	e call:	
LORI A. REYES		at () <u></u>
Name of	Contact Person	Area C	ode & Daytime Telephone Number
Enclosed is a check for t	he following amount made p	payable to the Florida Dep	partment of State:
□ \$35 Filing Fee	S43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Amen Divisi P.O. E	ng Address dment Section on of Corporations Box 6327 assee, FL 32314	Ame Divis Clifto 2661	t Address Idment Section Idment Section Identify In Building Executive Center Circle It is a section of the sec

Articles of Amendment to Articles of Incorporation of



Lori A. Reyes, P.A.

(Name of Corporation as currently filed	with the Florida Dept. of State)
P05000095926	
(Document Number of Corp	oration (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florid</i> its Articles of Incorporation:	Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
GLORI HEALTH, INC	The new
name must be distinguishable and contain the word "corporation," "e" ("Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co", word "chartered," "professional association," or the abbreviation "P.A."	ompany," or "incorporated" or the abbreviation
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered office address in new registered agent and/or the new registered office address:	Florida, enter the name of the
Name of New Registered Agent	
(Florida street ado	(ress)
New Registered Office Address:	Dlanida.
(City)	, Florida
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with ar	ad accept the obligations of the position.
Signature of New Registe	red Agent, if changing

address of each Officer (Attach additional sheets, Please note the officer/di. P = President; V = Vice . Executive Officer: CFO held. President, Treasure Changes should be noted a change, Mike Jones lea Mike Jones ! V as Remove	and/or D if necess rector titl President = Chief I r, Directo in the fo	virector besary) Je by the file by the file Je T= Tree Financial Jor would of Jowing marion Jorporation	cing added: irst letter of the office asurer; S= Secretary, Officer. If an officer be PTD, anner. Currently Jol n, Sally Smith is name	title: D= Directo /director hol in Doc is liste	r; TR= Tru ds more the ed as the PS	stee; C = Chairman or Clerk; CEO = Chief in one title, list the first letter of each office ST and Mike Jones is listed as the V. There is ould be noted as John Doe, PT as a Change,
Example: X Change	<u>PT</u>	John Do	<u>oe</u>			
X Remove	$\underline{\mathbf{V}}$	Mike Jones				
X Add	<u>SV</u>	Sally Smith				
Type of Action (Check One)	<u>Title</u>		<u>Name</u>			Address
1) Change		_				
Add						
Remove						
2) Change		_				
Add						
Remove						
3) Change		_				
Add						
Remove						
4) Change		_				
Add						
Remove						
5) Change		_			 .	
Add						
Remove						
6) Change		- -				
Add						

____ Remove

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)	
HEALTH COACHING, LIFE COACHING, HEALTH AND WELLNESS	RETREATS AND WELLNES COACHING
HOMEPATHIC REMEDIES	
	-
<u> </u>	
· · ·	
F. If an amendment provides for an exchange, reclassification, or cane provisions for implementing the amendment if not contained in the	
(if not applicable, indicate N/A)	
· · · · · · · · · · · · · · · · ·	

01/22/2017	
The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
01/22/2017	
Effective date if applicable:	
(no more than 90 c	lays after amendment file date)
Note: If the date inserted in this block does not meet the applicat document's effective date on the Department of State's records.	ole statutory filing requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The n by the shareholders was/were sufficient for approval.	umber of votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders throug must be separately provided for each voting group entitled to vo	gh voting groups. The following statement te separately on the amendment(s):
"The number of votes cast for the amendment(s) was/were s	sufficient for approval
by	
hy(voting group)	
☐ The amendment(s) was/were adopted by the board of directors w action was not required.	ithout shareholder action and shareholder
■ The amendment(s) was/were adopted by the incorporators withou action was not required.	st shareholder action and shareholder
01/22/2018	
Dated	
(By a director, president or other officer	- if directors or officers have not been
	ands of a receiver, trustee, or other court
appointed fiduciary by that fiduciary)	
LORI A. REYES	
(Typed or printed na	me of person signing)
PRESIDENT	
(Title of	person silmino)