P06000065223

(Requestor's Name)
(Address)
(Address)
,
(City/State/Zip/Phone #)
(City/State/Zip/Prione #)
PICK-UP WAIT MAIL
(Business Entity Name)
(D.,
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Special morastons to 1 mily smear.

Office Use Only



500116663155

02/06/08--01020--003 **52.50

SECRETARY OF STATE ALLAHASSEE, FLORIG

AND

Amend & N.C.

Coefficience FEB 1 8 2008

COVER LETTER

TO: Amendment Section **Division of Corporations**

P.O. Box 6327

Tallahassee, FL 32314

NAME OF CORPORATION: MLP Ventures Inc	<u> </u>
DOCUMENT NUMBER: PO1000 88923	
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Michelle Pisula (Name of Contact Person)	_
MLP Ventures Inc. (Firm/Company) 12620-3 Beach Bluo STE (Address) JACKSONILL FL 3224 (City/State and Zip Code)	- \ OR CAMPS
12620-3 BeAch Bluo STE	343 JACKSV 3222
JACKSON VILLE FL 3224 (City/ State and Zip Code)	6
For further information concerning this matter, please call:	
Michelle Pisula at (904) (651-10) (Name of Contact Person) (Area Code & Daytime Telephone	Number)
Enclosed is a check for the following amount:	
Certificate of Status Certified Copy (Additional copy is enclosed) Ce (Additional copy is enclosed)	2.50 Filing Fee rtificate of Status rtified Copy dditional Copy enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton Building	Prestously Submitted

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle



FLORIDA DEPARTMENT OF STATE Division of Corporations

February 8, 2008

MICHELLE PISULA 3733 CAMDEN ISLAND CT., S. JACKSONVILLE, FL 32224

SUBJECT: MLP VENTURES INC. Ref. Number: P06000065223

Subnith of TALLAHASSEE. F

2008 FEB 18 AM 8: 0

We have received your document for MLP VENTURES INC. and check totaling \$52.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The document number of the name conflict is #P01000088923 / EVOLVE INC..

The corporate name must contain a suffix that will clearly indicate that it is a corporation. Such suffixes include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6903.

Cheryl Coulliette Regulatory Specialist II

Letter Number: 008A00008417

AURIC TURNE

: 1333 **8807**

Division of Corporations - P.O. BOX 6327 -Tallahassee Florida 39214

Articles of Amendment
Articles of Incorporation
MLP Ventures The (Name of corporation as currently filed with the Florida Dept. of State)
(Name of corporation as currently fried with the Florida Dept. of State)
(Document number of corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation:
NEW CORPORATE NAME (if changing):
Evolve Health And Wellness Inc.
(Must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.") (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)
MLP Ventures was originally created to be a real estate company, no Business was used AND NOW would like to request name change
USED AND NOW would like TO request NAME Change
AND change purpose of Business To
HEAITH AND Wellness Services.
Also, want to make sure the following
Address is current:
12620-3 Beach Blud STE 343 Jackson Wille (Attach additional pages if necessary) F1 32246
(Attach additional pages if necessary) FL 3 22 46
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)
$\alpha 1 1 \Delta$

(continued)

The date of each amendment(s) adoption:
Adoption of Amendment(s) (<u>CHECK ONE</u>)
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.
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.
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.
Signature Michael Lamba (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) Michael P. Sula (Typed or printed name of person signing)

FILING FEE: \$35

(Title of person signing)