## P07000011937

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION:    P07000011937	_
Please return all correspondence concerning this matter to the following:  Peggy Koski  Name of Contact Person  Accounting Clinic Inc  Firm/ Company  2519 McMullen Booth Rd #510-323  Address  Clearwater, FL 33761  City/ State and Zip Code  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Peggy Koski  Peggy Koski  at (727 785-6697  Area Code & Daytime Telephone N	_
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Name of Contact Person Area Code & Daytime Telephone N	
Enclosed is a check for the following amount made payable to the Florida Department of State:	ımber
S35 Filing Fee Certificate of Status Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed)  S43.75 Filing Fee & Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, Fl. 323142415 N. Monroe Street, Suite 8	10

Tallahassee, FL 32303

## **Articles of Amendment** Articles of Incorporation

of

Fruit For I	Life, Inc.
(Name of Corporation as current)	y filed with the Florida Dept. of State)
P0700001	1937
(Document Number o	f Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation," ", "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". / "chartered," "professional association," or the abbreviation "P.A."	4 professional corporation name must contain the word
B. Enter new principal office address, if applicable:	N/A
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A
D. If amending the registered agent and/or registered office add	ress in Florida, enter the name of the
new registered agent and/or the new registered office address	
Name of New Registered Agent	:
	· · · · · · · · · · · · · · · · · · ·
(Florida su	reet address)
New Registered Office Address:	, Florida (City) (Zip Code)
	<del>:</del>
New Registered Agent's Signature, if changing Registered Agent	<u>:</u>
I hereby accept the appointment as registered agent. I am familiar v	with and accept the obligations of the position.
Signature of New R	egistered Agent, if changing

Check if applicable

■ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), F.S.

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	$\underline{\mathbf{v}}$	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) X Change	V	Mellissa Miles	2771 Kumquat Dr
Add			Clearwater, FL 33759
Remove			
2) Change			
Add			
Remove Change	•		
Add			
Remove			
4) Change			
Add			<del></del>
Remove			
5) Change			·
Add			
Remove			
6) Change			
Remove			

A	
	<del></del>
	_
f an amendment provides for an 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)	

	January 10, 2024	
The date of each amendment(s) date this document was signed.	adoption:	, if other than the
<del></del>	/A	
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	<del></del>
Note: If the date inserted in this document's effective date on the	block does not meet the applicable statutory filing requirements, the Department of State's records.	his date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
■ The amendment(s) was/were a action was not required.	dopted by the incorporators, or board of directors without shareholde	er action and shareholder
☐ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes east for the amend sufficient for approval.	ment(s)
	pproved by the shareholders through voting groups. The following so or each voting group entitled to vote separately on the amendment(s)	
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by	."	
•	(voting group)	
1-10-24		
Dated		
	Mrs M	
Signature	director, president or other officer - if directors or officers have not	
selec	ted, by an incorporator – if in the hands of a receiver, trustee, or other	r court
арро	inted fiduciary by that fiduciary)	
	Evelyn Sutfin	•
	Everyn Statin	-
	(Typed or printed name of person signing)	
	President	•
	(Title of person signing)	``