

Florida Department of State Division of Corporations Electronic Filing Cover Sheet

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(((H140001324313)))



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To:

Division of Corporations

Fax Number

: (850) 617-6380

From:

: ACCOUNTANT & MANAGEMENT INC Account Name

Account Number : I20110000070 Phone

: (305) 541-3980

fax Number

: (305)541-7033

**Enter the small address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

COR AMND/RESTATE/CORRECT OR O/D RESIGN

4 LIFE BROWARD INC.

| 42 | The state of the s |
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Corporate Filing Menu

Help

6/6/2014 2:56 PM

From: moses nae

Pg 7/29 06/86/14 5:42 pm

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COVER LETTER

| TO; Amendment Secti Division of Corpo | | | | |
|---|---|---|--|--|
| NAME OF CORPOR | LATION: 4 LIFE BRO | OWARD INC. | | |
| DOCUMENT NUME | P1100003685 | 6 | | |
| | of Amendment and fee are su | | | |
| | pondence concerning this ma | | | |
| | MOSES NAE | | | |
| | ACCOUNTANT 8 | Name of Contect Person MANAGEMEN | • | |
| | 1549 NE 123RD | Firm/Company ST | | |
| | NORTH MIAMI, F | Address L 33161 | | |
| • | | City/ State and Zip Cod | € | |
| INF | O@TAXLEAF.CO | | | |
| | E-mail address: (to be us | od for future annual report | notification) | |
| For further information | concerning this matter, pleas | e call: | | |
| MOSES NAE | | 305 | , 541-3980 | |
| Name | of Contact Person | Area Co | de de Daytime Tolephone Number | |
| Enclosed is a check for the following amount made payable to the Florida Department of State: | | | | |
| 335 Pilling Fee | D\$43.75 Filing Pee & Certificate of Status | CI\$43.75 Flling Pee & Certified Copy (Additional copy is enclosed) | S52,50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) | |
| Ame Divi P.O. | ling Address Industrial Section | Amend Division Clifton 2661 E | Address Iment Section In of Corporations Building Recutive Center Circle Issue, FL 32301 | |

| To: 850-617-6383 | | | |
|------------------|-----|-------------|---|
| | T۸. | OEB C17 C20 | • |

From: moses nae

Pg 8/29 06/06/14 5:42 pm

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| | H140001 | 32431 3 | ١ | 0 PH 1:08 |
| | Articles of A | mendment | 1914 JUN | 9 PM 1:08 |
| | to Articies of In- | | | UF STATE |
| | at | | PALLAN | Y. Dara. |
| LIFE BROWARD INC. | community filed swith the I | Planta Dane of State | 7,33 | |
| 211000036856 | TUTTERIOV MED WITH THE | TINETUR DEPT OF COURS | ¥/ | |
| | nt Number of Corporation (| if knosva) | | |
| insurant to the provisions of section 607. Articles of Incorporation: If amending name, enter the new province must be distinguishable and com- | me of the corporation: | | | The new |
| Corp.," "Inc.," or Co.," or the design ord "chartered," "professional associa | ation "Corp," "Inc," or | "Co". A professione | | |
| and active the and the Minement of any approve | | | / 56TH MA | NOR |
| Protes was and sales at addition and forces. | Manufication | 140 10 51 | OWILLIAM | |
| | | | RANCHES, F | |
| rincipal office address MUST BE A S | TREET ADDRESS) | SOUTHWEST | RANCHES, F | L 33330 NOR |
| Principal office address MUST BE A S Enter new mailing address if appli (Mailing address MAY BE A POST) | TREET ADDRESS) Sable: OFFICE DOXO Slor variatered office address registered office address | 14010 SW SOUTHWEST | RANCHES, F | L 33330 NOR L 32330 |
| Principal office address MUST BE A S Enter new malling address, if appli (Mailing address MAY BE A POST) If amoughing the registered egent an new registered agent and/or the new | TREET ADDRESS) Sable: OFFICE BOXO Nor resistered office address recisioned office address 14010 SW 56T | 14010 SW SOUTHWEST | RANCHES, F | L 33330 NOR L 32330 |
| D. If amouding the registered egent on new registered agent and/or the new | TREET ADDRESS) Solve resistered office address resistered office address 14010 SW 56T (Florida at | 14010 SW SOUTHWEST SOUTHWEST | RANCHES, F | L 33330 NOR L 33330 |

Page 1 of 4

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If amending the Officers and/or Directors, enter the fitte and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added: (Anach additional sheets, if necessary)

Please note the officeredirector 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 Joins, Y as Remove, and Sally Smith, SV as an Add.

| X Change | PI | Ioan Dot | |
|-------------------------------|-------------|-----------------|-----------------------------|
| X Remove | Y | Mike Jones | |
| X Add | SY | Sally Smith | |
| Type of Action (Check One) | Title | Name | Address |
| i) Change | VP | ROSADO, DAMARIS | 14010 SW 56TH MANOF |
| Add Remove | | | DAVIE, FL 33330 |
| 2) Change | P | ROSADO, JUAN A | 14010 SW 56TH MANOR |
| Add | | | SOUTHWEST RANCHES, FL 83330 |
| Remove 3) Change | | | |
| Add | | | |
| Remove | | | |
| 4) Change | | | |
| Add Remove | | | |
| | | | |
| 5) Change | | | |
| Remove | | | |
| 6) Change | | | |
| Add | | | |
| Remove | | | |

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| - ner payers () to while | dding additional Articles, entar shange I sheets, if necessary). (Be specific) | |
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| n emendmen prisions for (if not appli | t provides for an exchange, reclassificat implementing the amendment if not cont auble, indicate N/A) | ion, or cancellation of inned shares, ained in the amendment itself) |
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From: moses nae

Pg 11/29 86/86/14 5:42 pm

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| | doption: | |
|--|--|----------------|
| date this document was signed. | | |
| Effective date <u>if applicable</u> : | (no more than 90 days after amendment file date) | |
| Adoption of Amendment(a) | (CHECK ONE) | |
| The amendment(a) was/were ad- by the shareholders was/were st | opted by the shareholders. The number of votes cast for the amendar ifficient for approval. | ent(s) |
| The amendment(s) was/were ap | proved by the shareholders through voting groups. The following successful to the shareholders through voting group and lied to vote separately on the amendment(s): | lement |
| "The number of yotes cast | for the amendment(s) was/were sufficient for approval | |
| by | | |
| | (voling group) | |
| The amendment(s) was Avere address was not required. | opted by the board of directors without shareholder action and share | nol der |
| The amendment(s) was/were ad action was not required. | opted by the incorporators without shareholder action and shareholde | er e |
| Dated 06/03/2 | 014 | |
| | niviam zaparen | |
| selecte | lirector, president or other officer — if directors or officers have not be an incorporator — if in the hands of a receiver, trustee, or other need fiduolary by that fiduciary) | |
| | MIRIAM D ZAPATA | |
| | (Typed or printed name of person signing) | |
| | VICE PRESIDENT MIVIAM ZAPATA | |
| | (Title of person alguing) | |