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## COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	AILIV HEALTH I	NSTITUTE INC						
DOCUMENT NUMBER: P11								
The enclosed Articles of Amend	<i>ment</i> and fee are su	bmitted for filing.						
Please return all correspondence	concerning this ma	tter to the following:						
James E I	Dordoille							
		Name of Contact Person	1					
AILIV H	AILIV HEALTH INSTITUTE INC							
	Firm/ Company							
2460 W C	DAKLAND PK BLV	νD,						
		Address	· · · · · · · · · · · · · · · · · · ·					
OAKLAN	ND PARK, FL 3331	1						
		City/ State and Zip Code	•					
ailiv2013	ailiv2013@yahoo.com							
E-ma	iil address: (to be us	sed for future annual report	notification)					
For further information concerni	ng this matter, pleas	se call:						
James Dordoille		56) at (	de & Daytime Telephone Number					
Name of Contact	Person	Area Co	de & Daytime Telephone Number					
Enclosed is a check for the follo	wing amount made i	payable to the Florida Depa	irtment of State:					
	3.75 Filing Fee & rtificate of Status	S43.75 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 Tallahassec, FL 32314		Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303						

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

to

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7.1.2.1.7.1.3.1.1.1.1.2.1.7.1.3.1.3	70 17 13 60 11 00
(Name of Corporation	n as currently filed with the Florida Dept. of State)
P11000107174	
(Docume	ent Number of Corporation (if known)
Pursuant to the provisions of section 607,1006, Floridalits Articles of Incorporation;	Statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the cor	poration:
	The new
	poration," "company," or "incorporated" or the abbreviation "Corp.," or "Co". A professional corporation name must contain the word iation "P.A."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADD)	RESS )
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BON</u>	[)
D. If amending the registered agent and/or registere new registered agent and/or the new registered o	d office address in Florida, enter the name of the ffice address:
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Regis I hereby accept the appointment as registered agent. I	stered Agent: am familiar with and accept the obligations of the position.
Signat	ure of New Registered Agent, if changing

Check if applicable

<sup>☐</sup> The amendment(s) is/are being tiled pursuant to s. 607.0120 (11) (e), 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.

X Change	PT Jo	hn Dec	
X Remove	<u>V</u> <u>M</u>	ike Jones	
X Add	<u>SV</u> <u>Sa</u>	ully Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	<u>P</u>	Vilia Moricette	1524 NW 13TH Court
X Add			Fort Lauderdale, FL, 33311
Remove			
2) Change			
Add			
Remove 3 ) Change			
Add			
Remove			
4) Change	<del></del>		
Add			
Remove			
5) Change			_
Add			
Remove			
6) Change			
Add			
Romove			

ttach additional sheets, if necessary). (Be specific)		
		•
	***	
	. <del></del> .	
an amendment provides for an exchange, reclassification	or cancellation of issued	shares.
orovisions for implementing the amendment if not contain (if not applicable, indicate N/A)	<u>d in the amendment itse</u>	<u>lf:</u>
(ij ma appacame, mateme 1821)		
	<del></del>	· · · · · · · · · · · · · · · · · · ·

	I(s) adoption:	, if other than the
date this document was signed Effective date if applicable:	06/23/2020	
effective date <u>if applicame</u> :	(no more than 90 days after amendment file date)	
	this block does not meet the applicable statutory filing requirements, the Department of State's records.	nis date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
■ The amendment(s) was/we action was not required.	re adopted by the incorporators, or board of directors without shareholde	r action and shareholder
☐ The amendment(s) was/we by the shareholders was/w	re adopted by the shareholders. The number of votes cast for the amenda	ment(s)
	re approved by the shareholders through voting groups. The following stands for each voting group entitled to vote separately on the amendment(s)	
"The number of vote:	s east for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
06/23	/2020	
Dated		
Signature &	Junio Torrelotte	
	y a director, president or other officer - if directors or officers have not l	
	elected, by an incorporator – if in the hands of a receiver, trustee, or other opointed fiduciary by that fiduciary)	r court
	James E Dordoille	
	(Typed or printed name of person signing)	···
	Director	
	(Title of person signing)	