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rs. William

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: LON	IGER LIFE NUTRITION INC
DOCUMENT NUMBER: P120000	173 <i>44</i>
The enclosed Articles of Amendment	and fee are submitted for filing.
Please return all correspondence conc	erning this matter to the following:
NICHOLAS JI	ENKINS
	Name of Contact Person
LONGER LIF	E NUTRITION INC
	Firm/ Company
4437 LYONS	ROAD SUITE E-107
	Address
COCONUT C	REEK FL 33073
	City/ State and Zip Code
NICK825@BELLSC	OUTH.NET
E-mail ad	dress: (to be used for future annual report notification)
For further information concerning th NICHOLAS JENKINS	
	at (954) 732-6609 Area Code & Daytime Telephone Number
Name of Contact Person	Area Code & Daytime Tetephone Number
Enclosed is a check for the following	amount made payable to the Florida Department of State:
-	Filing Fee & S43.75 Filing Fee & S52.50 Filing Fee tee of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corpora P.O. Box 6327 Tallahassee, FL 323	tions Division of Corporations Clifton Building

Articles of Amendment to Articles of Incorporation of

LONGER LIFE NUTRITION INC

15 ROY 13 AMH: 24

P12000017344	on as currently filed with the Florida Dept. of State)
(Docume	ent Number of Corporation (if known)
ursuant to the provisions of section 607.1006, Florida s Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following amendment
. If amending name, enter the new name of the cor	poration:
ame must be distinguishable and contain the word Corp.," "Inc.," or Co.," or the designation "Corp.,' ord "chartered," "professional association," or the a	The new corporation," "company," or "incorporated" or the abbreviation "Inc," or "Co". A professional corporation name must contain the abbreviation "P.A."
Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDI</u>	
. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>	0
. If amending the registered agent and/or registere new registered agent and/or the new registered o	
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	, Florida
ew Registered Agent's Signature, if changing Regis thereby accept the appointment as registered agent. I	stered Agent: am familiar with and accept the obligations of the position.

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	<u>PT</u>	John Do	<u>oe</u>	
X Remove	<u>V</u>	Mike Jo	<u>ones</u>	
X Add	<u>sv</u>	Sally Si	mith_	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
1)Change	D		FUNDA CETINDERE	4437 LYONS ROAD, E-107
X Add				COCONUT CREEK FL 33073
Remove				
2) Change		_		
Add				
Remove				
3) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change				
Add				
Remove				
6) Change		_		
Add			-	
Remove				

If amending or adding additional Arti- Attach additional sheets, if necessary).	(Be specific)			
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an amendment provides for an excha	ange, reclassification	or cancellation	nf issued shares	
orovisions for implementing the amen (if not applicable, indicate N/A)	dment if not contain	ed in the amendr	nent itself:	
()				
		· — • ·		
		•		
			-	
			-	

	NOVEMBER 9, 2015	
The date of each amendment(s) adopt date this document was signed.	tion:	, if other than the
·	MDED 0 2015	
Effective date <u>if applicable</u> :	MBER 9, 2015	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bloc document's effective date on the Depar	ck does not meet the applicable statutory filing requirements, this date will retinent of State's records.	ot be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopted by the shareholders was/were suffice.	ed by the shareholders. The number of votes cast for the amendment(s) cient for approval.	
☐ The amendment(s) was/were approx must be separately provided for ea	ved by the shareholders through voting groups. The following statement ch voting group entitled to vote separately on the amendment(s):	
	the amendment(s) was/were sufficient for approval	
by _	(voting group)	
	(voting group)	
action was not required.	ed by the board of directors without shareholder action and shareholder	
·		
NOVEMBER Dated	9, 2015	
Dailed		
6:		
Signature	stor, president or other officer - if directors or officers have not been	-
Selected h	y an incorporator – if in the hands of a receiver, trustee, or other court	
	fiduciary by that fiduciary)	
FL	INDA CETINDERE	
	(Typed-or printed name of person signing)	
DI	RECTOR	
	(Title of person signing)	