

P1200002427

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

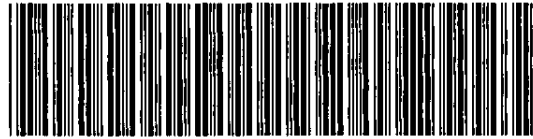
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900240222139

10/01/12 --01006 --021 \*\*35.00

*Amend*

FILED  
2012 OCT 15 PM 5:00  
STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

OCT 15 2012

T. ROBERTS



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 3, 2012

DEBRA WILLIAMS  
LIFE AMBASSADORS 4 HEALTH  
108 DOE RUN DR  
WINTER GARDEN, FL 34787

SUBJECT: LIFE AMBASSADORS 4 HEALTH INC  
Ref. Number: P12000024247

We have received your document for LIFE AMBASSADORS 4 HEALTH INC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Show city and state for Neshia White.

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) 245-6050.

Tina Roberts  
Regulatory Specialist II

Letter Number: 112A00024604

RECEIVED

12 OCT 15 PM 1:05

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

[www.sunbiz.org](http://www.sunbiz.org)

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

COVER LETTER

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: LIFE AMBASSADORS 4 HEALTH, INC.

DOCUMENT NUMBER: P12000024247

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Debra Williams

Name of Contact Person

Life Ambassadors 4 Health

Firm/ Company

108 Doe Run Drive

Address

Winter Garden, FL 34787

City/ State and Zip Code

sheasecrets@msn.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sharon F. Jones

Name of Contact Person

at ( 321 )

663-4020

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

- \$35 Filing Fee       \$43.75 Filing Fee & Certificate of Status       \$43.75 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  
Tallahassee, FL 32314

Street Address

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Articles of Amendment  
to  
Articles of Incorporation  
of

**LIFE AMBASSADORS 4 HEALTH! INC**

(Name of Corporation as currently filed with the Florida Dept. of State)

**P12000024247**

(Document Number of Corporation (if known))

FILED  
2012 OCT 15 PM 5:00  
TALLAHASSEE, FL

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

**A. If amending name, enter the new name of the corporation:**

\_\_\_\_\_ *The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."*

**B. Enter new principal office address, if applicable:**  
(Principal office address **MUST BE A STREET ADDRESS**)

**108 Doe Run Drive**  
**Winter Garden, FL 34787**

**C. Enter new mailing address, if applicable:**  
(Mailing address **MAY BE A POST OFFICE BOX**)

**D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:**

*Name of New Registered Agent* \_\_\_\_\_

\_\_\_\_\_  
(Florida street address)

*New Registered Office Address:* \_\_\_\_\_, Florida \_\_\_\_\_  
(City) (Zip Code)

**New Registered Agent's Signature, if changing Registered Agent:**

*I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.*

\_\_\_\_\_  
*Signature of New Registered Agent, if changing*

**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:

Change                      PT      John Doe

Remove                        V        Mike Jones

Add                              SV      Sally Smith

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>VP</u>	<u>Cheryle L. Short</u>	<u>2729 Dorado Court</u> <u>Apopka, FL 32703</u>
2) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>VP</u>	<u>Jane Persaud</u>	<u>1821 Matterhorn Drive</u> <u>Orlando, FL 32818</u>
3) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>Sec</u>	<u>Nikea Coffee</u>	<u>11806 Meadow Branch Dr. #722</u> <u>Orlando, FL 32825</u>
4) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>Sec</u>	<u>Neshia White</u>	<u>842 Grand Regal Point</u> <u>WINTER GARDEN, FL</u> <u>34787</u>
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____



The date of each amendment(s) adoption: April 28, 2012

Effective date if applicable: April 28, 2012  
*(no more than 90 days after amendment file date)*

Adoption of Amendment(s) **(CHECK ONE)**

The amendment(s) was/were adopted 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.

Dated 4/28/2012

Signature Sharon F. Jones  
*(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)*

**Sharon F. Jones**  
*(Typed or printed name of person signing)*

**President, Life Ambassadors 4 Health, Inc.**  
*(Title of person signing)*