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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	EQUILIBRIUN RATION:	1-VITAE INC	
DOCUMENT NUM	P13000022264		
	of Amendment and fce are su	bmitted for filing.	
		-	
Please return all corre	spondence concerning this ma	iter to the following:	
	DANY ROSQUETE		
		Name of Contact Person	1
	117 NE 1 AVENUE. S	Firm/ Company TE 1301	
	MIAMI, FL 33132	Address	
		City/ State and Zip Cod	e
DR	OSQUETE@IFS-MIAM	1I.COM	
	E-mail address: (to be u	sed for future annual report	notification)
For further information	on concerning this matter, pleas	se call:	
DANY ROSQUETE		305	5799115
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment of State:
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ani Dit P.C	illing Address 3 lendment Section vision of Corporations D. Box 63274 lahassee, FL 32314 * * * * * * * * * * * * * * * * * * *	Ameno Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

## **EQUILIBRIUM-VITAE INC**

\(\frac{1}{2} \)	y filed with the Florida Dept. of State)		
P13000022264		_	
(Document Number	r of Corporation (if known)	_	
Pursuant to the provisions of section 607.1006, Florits Articles of Incorporation:	rida Statutes, this Florida Profit Corporation adopts the following	ng amer	ndment(s) t
A. If amending name, enter the new name of the	e corporation:		
		The	new
	word "corporation," "company," or "incorporated" or the a orp," "Inc," or "Co". A professional corporation name must the abbreviation "P.A."		
B. Enter new principal office address, if applica (Principal office address MUST BE A STREET A		_	
		- <u>-</u> -	THE COM
C. Enter new mailing address, if applicable:		¥ ¥	
(Mailing address <u>MAY BE A POST OFFICE</u> .	<u></u>	- R 22	7 - T
			35
		_ <u>*</u> - =	3171 1300 2301
D If amending the registered agent and/or regis	stered office address in Florida, enter the name of the	PM 11: 4	22
new registered agent and/or the new register			ntīg.
Name of New Registered Agent	·		
	(Florida street address)		
New Registered Office Address:	. Florida		
	(City) (Zip Code)	_	
New Registered Agent's Signature, if changing I	Desistand Agents		
	negistered Agent.  11. I am familiar with and accept the obligations of the position.		
Signature o	f 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: X_Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	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) Change	٧	GLENDA V PEREZ	730 N MASTHA DRIVE
Add			KEY BISCAYNE, FL 33149
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			<u> </u>
4) Change			
Add			467
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

amendment provides for an exchange, reclassification, or cancellation of iss visions for implementing the amendment if not contained in the amendment	ued shares,
(if not applicable, indicate N/A)	itseit.
	·

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The date of each amendment(s) add date this document was signed.	option:	, if other than th
Effective date if applicable:		
Effective date <u>ir appricable</u> .	(no more than 90 days after amendment file date)	<del></del>
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adop by the shareholders was/were suf	oted by the shareholders. The number of votes cast for the amendment(s) ficient for approval.	
	oved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
"The number of votes east for	or the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voing group)	
The amendment(s) was/were adoption was not required.	sted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were adopaction was not required.	sted by the incorporators without shareholder action and shareholder	
Dated	2014	
(By a dir selected	rector, president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court diffiduciary by that fiduciary)	_
1	DANIELA ESCOBAR	
-	(Typed or printed name of person signing)	<del></del>
ı	PRESIDENT	1
···	(Title of person signing)	