## P130000 23689

(Re	questor's Name)	
(Äd	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
		1

Office Use Only



700338656537

01/07/20--01001--030 \*\*35.00

2020 (\*\*\*) - 7 | F \*\* 3: 16

R. WHITE FEB 0 3 2020

## COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: Elite Mind-Body V	Vellness, Inc	_
	BER:		
The enclosed Article.	s of Amendment and fee are su	bmitted for filing.	
Please return all corre	espondence concerning this ma	tter to the following:	
	Dayry Crespo Hulkow		
	Elite Safety & Wellness	Name of Contact Person	1
		Firm/ Company	-
	15476 NW 77th CT # 314	1 2	
		Address	
	Miami Lakes, FL 33016		
		City/ State and Zip Code	2
elite	safewell@gmail.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further information	on concerning this matter, please, , w	se call: at (	244-6212
Name	of Contact Person	at ( Area Coe	de & Daytime Telephone Number
Enclosed is a check f	or the following amount made		, ,
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
An Div P.C	illing Address tendment Section rision of Corporations D. Box 6327 lahassec, FL 32314	Amend Divisio The Co 2415 N	Address Iment Section In of Corporations Centre of Tallahassee N. Monroe Street, Suite 810 Seee, FL 32303

## Articles of Amendment to Articles of Incorporation of

2020 J. 11 - 7 FM 3: 16

Elite Mind-Body Wellness, Inc	2029 3 = 7   1 1/2 35 1 6
	as currently filed with the Florida Dept. of State)
P13000023689	
(Documen	nt Number of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Stits Articles of Incorporation:	tatutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corp	oration:
Elite Safety & Wellness, Inc	The new
	oration," "company," or "incorporated" or the abbreviation "Corp.," or "Co". A professional corporation name must contain the word
B. Enter new principal office address, if applicable:	N/A
(Principal office address MUST BE A STREET ADDRI	ESS)
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A
D. If amending the registered agent and/or registered	
new registered agent and/or the new registered off	ice address:
Name of New Registered Agent N/A	
	(Florida street address)
New Registered Office Address:	. Florida
rest registered vijace ridaress,	(City) (Zip Code)
New Registered Agent's Signature, if changing Registe	
I hereby accept the appointment as registered agent. I a	m familiar with and accept the obligations of the position.
	re of New Registered Ament, if chapming
Signatu	re 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)

N/A

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 Doc	
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		N/A	
Add			
Remove			
2) Change		N/A	
Add			
Remove 3) Change		N/A	
Add			
Remove			
4) Change		N/A	
Add			
Remove			
5) Change		N/A	<u> </u>
Add			<del></del>
Remove			
6) Change		N/A	
Add			<del></del>
Remove			
		Page 2 of 4	
E. If amending or additional sho	ng additi cets, if nec	onal Articles, enter change(s) here ressary). (Be specific)	:

	· -
	<del></del>
	<del></del>
	<del></del>
<del></del>	<del></del>
	····
	<del></del>
	<del></del>
provisions for implementing the amendment if not contained in the amendment itself:  (if not applicable, indicate N/A)  N/A	
N/A	
<del></del>	
Page 3 of 4	
The date of each amendment(s) adoption: January 01, 2020 date this document was signed.	if other than the
01/01/2020	
Effective date if applicable:	

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
☐ The amendment(s) was/were a by the shareholders was/were	adopted by the shareholders. The number of votes east for the amendment(s) sufficient for approval.	
	approved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):	
"The number of votes ea	st for the amendment(s) was/were sufficient for approval	
by		
,	(voting group)	
☐ The amendment(s) was/were action was not required.	dopted by the board of directors without shareholder action and shareholder	
Dated 01/01/20 Signature (By a selection)	director, president or other officer – if directors or officers have not been ted, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)  Dayry Crespo Hulkow	_
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	