

04/24/2015

08:52

TO:18506176380 FROM:9545102072

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**P13000075306**  
Florida Department of State

Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850)617-6380

From:

Account Name : GFB TAX SERVICE LLC  
Account Number : I20120000047  
Phone : (754)246-6160  
Fax Number : (954)510-2072

15 APR 24 AM 9:04  
SEC. OF STATE, DIVISION OF CORPORATIONS

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: gastonbelen@gfbtaxservice.com

**COR AMND/RESTATE/CORRECT OR O/D RESIGN  
LIFE FRIENDS CORP**

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C. L.  
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COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** LIFE FRIENDS CORP  
**DOCUMENT NUMBER:** P13000075306

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

Please return all correspondence concerning this matter to the following:

**GASTON BELEN**  
Name of Contact Person  
**GFB TAX SERVICE LLC**  
Firm/ Company  
**6303 BLUE LAGOON DRIVE SUITE 400**  
Address  
**MIAMI, FL 33126**  
City/ State and Zip Code  
**GASTONBELEN@GFBTAXSERVICE.COM**  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**GASTON BELEN** at 754 **246-6160**  
Name of Contact Person 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

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DIVISION OF CORPORATIONS  
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Articles of Amendment  
to  
Articles of Incorporation  
of

**LIFE FRIENDS CORP**

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

**P13000075306**

(Document Number of Corporation (if known))

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**)

**1780 NE 191ST STREET**

**#409-C2**

**NORTH MIAMI, FL 33179**

**C. Enter new mailing address, if applicable:**

(Mailing address **MAY BE A POST OFFICE BOX**)

**1780 NE 191ST STREET**

**#409-C2**

**NORTH MIAMI, FL 33179**

**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

**GFB TAX SERVICE LLC**

**2200 N. COMMERCE PARKWAY, SUITE 200**

*(Florida street address)*

New Registered Office Address:

**WESTON**

*(City)*

**Florida**

**33326**

*(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*

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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 PTD 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

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change	PVST	<u>MARIO R SZWARC</u>	<u>8855 COLLINS AVE</u> <u>MIAMI, FL 33154</u>
	<input type="checkbox"/> Add		
	<input checked="" type="checkbox"/> Remove		
2) <input type="checkbox"/> Change	PVST	<u>ELISA BARALYA DESSENO</u>	<u>1780 NE 191ST STREET</u> <u>#409-C2</u> <u>NORTH MIAMI, FL 33179</u>
	<input type="checkbox"/> Add		
	<input type="checkbox"/> Remove		
3) <input type="checkbox"/> Change			
	<input type="checkbox"/> Add		
	<input type="checkbox"/> Remove		
4) <input type="checkbox"/> Change			
	<input type="checkbox"/> Add		
	<input type="checkbox"/> Remove		
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		

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**E. If amending or adding additional Articles, enter change(s) here:**

(Attach additional sheets, if necessary). (Be specific)

THE MANAGERS OF THIS COMPANY WILL NOT HAVE THE POWER TO SELL, TRANSFER, DISPOSE, CONVEY OR OTHERWISE ENCUMBER ANY OF THE COMPANY'S PRESENT OR FUTURE REAL ESTATE PROPERTY WHICH SHALL REQUIRE WRITTEN APPROVAL BY ACT OF ALL THE MEMBERS.

**F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,**

provisions for implementing the amendment if not contained in the amendment itself:

(if not applicable, indicate N/A)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS

The date of each amendment(s) adoption: 4/21/2015

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Effective date if applicable: \_\_\_\_\_  
(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 4/21/2015

Signature

Elisa Baralya Dessen

(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)

**ELISA BARALYA DESSENO**

(Typed or printed name of person signing)

**PRESIDENT**

(Title of person signing)

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