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(C	ity/State/Zip/Phone #)	
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1/28/15

COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: Dive 2 Live, MD **DOCUMENT NUMBER:** The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Jean-Mario Pierre Name of Contact Person Dive 2 Live, MD Firm/ Company 401 Coral Way, Ste 103 Address Coral Gables, FL 33134 City/ State and Zip Code jmp.8554114hrt@aol.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Jean-Mario Pierre Area Code & Daytime Telephone Number Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: ■ \$35 Filing Fee **□**\$43.75 Filing Fee & **□**\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy (Additional Copy enclosed) is enclosed) **Mailing Address** Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations

> P.O. Box 6327 Tallahassee, FL 32314

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation

FILED;

Dive 2 Live MD Inc (Name of Corporation as currently filed with the Florida Dept. of State) (Document Number of Corporation (if known)

dment(s) to

Sanzaj Age Management	Institute, Inc.		
ame must be distinguishable and contain the Corp.," "Inc.," or Co.," or the designation "C ord "chartered," "professional association," or	Corp," "Inc," or "Co". A professi		
. Enter new principal office address, if applic Principal office address <u>MUST BE A STREET</u>			
. Enter new mailing address, if applicable:		·	
(Mailing address MAY BE A POST OFFICE	E BOX)		
	- 1 191		
		nter the name	of the
If amending the registered agent and/or regnew registered agent and/or the new registered Agent Name of New Registered Agent		nter the name	of the
,		nter the name	of the
new registered agent and/or the new registe	ered office address: (Florida street address)	nter the name	
new registered agent and/or the new registe Name of New Registered Agent .	ered office address:		of the (Zip Code)
new registered agent and/or the new registe Name of New Registered Agent .	ered office address: (Florida street address)		

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.

Nike Jones, v as kemove	, ana San	iy Smiin, Sv as an Aaa.	
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>	Name	<u>Addres</u> s
1) Change			
Add Remove			
2) Change			
Add			
Remove			
3) Change			
Add Remove		·	
4) Change		_	
Add			
Remove			
5) Change			
Add Remove			
6) Change			
Add			
Remove			

	ional sheets, if nece	essary). (Be spec	ific)		
					
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if an amend	ment provides for for implementing applicable, indicate	the amendment if	assification, or car not contained in th	icellation of issued ne amendment itse	shares, f:
provisions :					
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The date of each amendment(s) adoption:	, if other than th
date this document was signed.	
Effective date if applicable: (-/6 -/5 (no more than 90 days after amendment file date)	
(no more than 90 days after amenament fite 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)	
(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	
Signature (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)	
FAN-MARIA PIERRE	
(Typed or printed name of person signing)	
President	
(Title of person signing)	_