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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	RATION: A-N-D ENTERPR	ISES CORP	
DOCUMENT NUME	BER: P15000001459		
	of Amendment and fee are su	bmitted for filing.	
Please return all corres	spondence concerning this ma	tter to the following:	
	ALEKSEJS LEAL		
		Name of Contact Person	1
	A-N-D ENTERPRISES COR	RP .	
		Firm/ Company	-
	14850 SW 26 STREET		
		Address	
	MIAMI, FL 33185		
		City/ State and Zip Code	e
aleal	@totalprowellness.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further information	n concerning this matter, pleas	se call:	
Aleksejs Leal		at (	502-0634
Name o	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check fo	r 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)
Ame Divi P.O.	ling Address endment Section sion of Corporations Box 6327 ahassee, FL 32314	Amend Divisio Clifton	Address Iment Section on of Corporations Building executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

FILED

(Name o	of Corporation as curren	tly filed with the Florida Dept	t. of State)
P15000001459			7/11 - 53 - 546 FLORI
	(Document Number	of Corporation (if known)	- :31
Pursuant to the provisions of section 607. ts Articles of Incorporation:	1006, Florida Statutes, this	s Florida Profit Corporation ac	dopts the following amendment(s) to
A. If amending name, enter the new na	me of the corporation:		
N/A			The new
name must he distinguishable and cont "Corp.," "Inc.," or Co.," or the design word "chartered." "professional associa	ation "Corp," "Inc," or	"Co". A professional corpora	orated" or the abbreviation
3. Enter new principal office address.	if annlicable:	14850 SW 26 STREET	
B. <u>Enter new principal office address, if applicable:</u> (Principal office address <u>MUST BE A STREET ADDRESS</u> )		MIAMI, FL 33185	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		14850 SW 26 STREET	
		MIAMI, FL 33185	
D. If amending the registered agent an new registered agent and/or the new			ne of the
Name of New Registered Agent	ALEKSEJS LEAL	L	
	14850 SW 26 STREET		
	(Florida s	treet address)	
New Registered Office Address:	(Florida s	treet address)	33185 , Florida

## 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>	Name	<u>Addres</u> s
1) Change	PD	JUAN N PALENZUELA	3821 SW 2ND AVENUE
Add			CAPE CORAL, FL 33914
X Remove			
2) Change	PD	ALEKSEJS LEAL	14850 SW 26 STREET
X Add			MIAMI, FL 33185
Remove			
3) Change		_	
Add			
Remove			<del>.</del>
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Arti- (Attach additional sheets, if necessary).	cles, enter change(s) here: (Be specific)
NEW OWNER	(De specific)
	W
F. If an amendment provides for an exch	ange, reclassification, or cancellation of issued shares,
provisions for implementing the amer (if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
N/A	
	V

Service Control of the Control of th	12/01/2017	
The date of each amendment(s)	adoption:	, if other than the
date this document was signed.		
	/01/2017	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	· · · · · · · · · · · · · · · · · · ·
<b>Note:</b> If the date inserted in this document's effective date on the l	block does not meet the applicable statutory filing requirements, Department of State's records.	this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amen sufficient for approval.	dment(s)
	pproved by the shareholders through voting groups. The following or each voting group entitled to vote separately on the amendment	
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by		
,	(voting group)	
☐ The amendment(s) was/were a action was not required.	dopted by the board of directors without shareholder action and sha	ureholder
☐ The amendment(s) was/were a action was not required.	dopted by the incorporators without shareholder action and shareho	older
12/01/20	17	
Dated		
Signature	Dille I	
	director, president or other officer - if directors or officers have no	
	ted, by an incorporator - if in the hands of a receiver, trustee, or other	ner court
appo	inted fiduciary by that fiduciary)	
	ALEKSEJS LEAL	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	