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COVER LETTER

TO: Amendment Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations NAME OF CORPORATION: DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: DAVID SIGLER
Name of Contact Person LET MY BODY HEAL INC.

Firm/Company

2775 NW 49th ANE SUITE 205-106

Address

City/ State and Zip Code

dsigler@letmybodyheal.com

Empil address: (to be used for future appul report notification) E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: SIGLER at (407) 864 4622

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 & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) **Mailing Address** Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

	Articles of Amendment to Articles of Incorporation	FILED
LET MY PISODO	BODY HEAL I	20/5 DEC 28 PH 2: 06
	(Document Number of Corporation (if known	wn)
Pursuant to the provisions of section 607.1006, its Articles of Incorporation:	Florida Statutes, this Florida Profit Corpo	pration adopts the following amendment(s) to
A. If amending name, enter the new name o	f the corporation:	The man
name must be distinguishable and contain to "Corp" "Inc.," or Co.," or the designation word "chartered," "professional association," B. Enter new principal office address, if app (Principal office address MUST BE A STREE	"Corp," "Inc," or "Co". A professiona or the abbreviation "P.A." Dlicable: 2 175 N	
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFFI		FL. 34482 ALEAD CORRECT
D. If amending the registered agent and/or new registered agent and/or the new regi		r the name of the
Name of New Registered Agent	· · · · · · · · · · · · · · · · · · ·	
	(Florida street address)	
New Registered Office Address:	(City)	, Florida(Zip Code)
New Registered Agent's Signature, if changing I hereby accept the appointment as registered as	ng Registered Agent: agent. I am familiar with and accept the o	bligations of the position.
	Signature of New Registered Agent if ch	nanaina

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.

X Change	PT John	1 Doe	
X Remove	<u>V</u> <u>Mik</u>	e Jones	
X Add	<u>SV</u> <u>Sall</u>	y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	\supseteq	PAMELA SIGLER	5347 NW 20TH PLACE OCALA FL 3448
X Add			OCALA FL 3448
Remove			
2) Change			
Add			
Remove			
3) Change			·
Add			
Remove			
4)Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach additiona	adding additional A al sheets, if necessary	'). (Be specific)				
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an amendmer	t provides for an ex	change, reclassi	fication, or can	cellation of issue	d shares.	
<u>provisions for i</u>	mplementing the ar	nendment if not	contained in the	e amendment its	elf:	
(ij noi appi	cavie, indicate N/A)					
		.				
			_ .			
				<u> </u>		
						
	-					

The date of each amendment(s) adoption: OCT 27, ZOIS date this document was signed.	, if other than the
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date we document's effective date on the Department of State's records.	vill not be listed as the
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 DEC 23 2015	
Signature (By a director, president or other officer of 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)	
MANUA DAVID R. SIGO	LER
(Typed or printed name of person signing)	
CEO	
(Title of person signing)	