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SEGRETARY OF STATE

SEP 2 9 2021 S. PRATHER

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	DRATION: SAMUDRA LIFE	INC			
DOCUMENT NUM	P15000062491				
The enclosed Article	es of Amendment and fee are su	mitted for filing.			
Please return all corr	respondence concerning this ma	itter to the following:			
	ELIZABETH JAKUBIAK				
		Name of Contact Person	1		
	ELIZABETH JAKUBIAK CPA PA				
		Firm/ Company			
	390 TEQUESTA DR STE A				
		Address			
	TEQUESTA FL 33469				
		City/ State and Zip Cod	ť		
	GREENFOOTPRINT@COM	MCAST.NET			
	E-mail address: (to be us	sed for future annual report	notification)		
For further informat	ion concerning this matter, plea JBIAK		277-9843		
Name of Contact Person		at (at Co	277-9843 de & Daytime Telephone Number		
Enclosed is a check	for the following amount made				
S35 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			Address		
			ment Section		
Division of Corporations P.O. Box 6327		Division of Corporations The Centre of Tallahassee			
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

Articles of Amendment to

Articles of Incorporation

	O1	
SAMUDRA LIFE INC		유준 유
(Name of Corporation	on as currently filed with the Florida Dept. of State)	70 P
P15000062491	,	35.75 F. 75.75
		<u>ന</u> ല്ല
(Docur	nent Number of Corporation (if known)	S.
Pursuant to the provisions of section 607,1006, Florida its Articles of Incorporation:	a Statutes, this <i>Florida Profit Corporation</i> adopts the follo	wing and Amer
A. If amending name, enter the new name of the co	orporation:	
		The new
	orporation," "company," or "incorporated" or the abbrev " or "Co". A professional corporation name must co eviation "P.A."	iation "Corp"
B. Enter new principal office address, if applicable (Principal office address <u>MUST BE A STREET ADD</u>	DRESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO) D. Hamending the registered agent and/or register	red office address in Florida, enter the name of the	
new registered agent and/or the new registered	office address:	
Name of New Registered Agent		
	(Florida street address)	
	· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:	, Florida	Zip Code)
	(City) (гар Солет
New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agent.	i <mark>stered Agent:</mark> I am familiar with and accept the obligations of the positi	on.
	arian a F.V. and Dandaram at America (F. d. and dec.)	
Signe	ature of New Registered Agent, if changing	
Check if applicable The amendment(s) is/are being filed pursuant to s. 6	607.0120 (11) (c), F.S.	

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)

Example:

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	<u>PT</u>	John Doe			
\underline{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>	Address	
1) Change	P	_	NEIL COOLEDGE JR	1447 SCILLY CAY LN	
X Add				JUPITER FL 33458	
Remove					
2) X Change	VP	_	KIMBERLY DEPASQUALE	149 SAND PINE DR	
Add				JUNO BEACH FL 33408	
Remove 3.1 Change		_			
Add					
Remove					
4) Change		_			
Add					
Remove					
5) Change		_			
Add					
Remove					
6) Change		_			
Add					
Remove					

If an amendment provides for an exchange, reclassification, or cancellation of issued shares, proxisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate NA)	If amending or adding additional Art (Attach additional sheets, if necessary).	(Be specific)
provisions for implementing the amendment if not contained in the amendment itself:		
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provisions for implementing the amendment if not contained in the amendment itself:		
(if not applicable, indicate №A)	provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
	(if not applicable, indicate NA)	
		

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	SEPTEMBER 15, 2021		
The date of each amendment(s) ado date this document was signed.	ption:	, if other than	the
SEPT Effective date <u>if applicable</u> :	EMBER 15, 2021		
	(no more than 90 days after amendment file date)		
Note: If the date inserted in this blo document's effective date on the Depart	ck does not meet the applicable statutory filing requirements, this date will artiment of State's records.	not be listed as	the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)		
☐ The amendment(s) was/were adopt action was not required.	ted by the incorporators, or board of directors without shareholder action and	shareholder	
The amendment(s) was/were adopt by the shareholders was/were suff	ted by the shareholders. The number of votes east for the amendment(s) icient for approval.		
	oved by the shareholders through voting groups. The following statement such voting group entitled to vote separately on the amendment(s):		
"The number of votes cast fo	or the amendment(s) was/were sufficient for approval		
by	(voting group)	2021 SEP SECKETA ALLAHAS	
SEPTEMBEI Dated		17 RY C	FILE
	ctor, president or other officer — I fiftee in so officers have not been	PM 6: 40)F STATE . FLORIDA	Ö
selected,	bylan incorporator -if in the hands of a tyceiver, trustee, or other court of tiductary by that fiductary)	A O	
К	IMBERLY DEPASQUALE		
	(Typed or printed name of person signing)		
<u>\</u>	/ICE PRESIDENT		
	(Title of person signing)		