P15000001488

(Requestor's Name)				
(Address)				
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(City	y/State/Zip/Phone	÷#)		
PICK-UP	WAIT	MAIL		
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EFFECTIVE DATE

Amend

SEP 11 2015

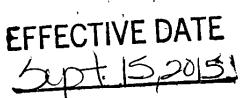
I ALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	ORATION:	CORP	
	MBER: P15000071488		
The enclosed Article	es of Amendment and fee are su	bmitted for filing.	
Please return all cor	respondence concerning this mat	tter to the following:	
	AMADEO MAZZOLINI		
		Name of Contact Persor	1
	AMADEO MAZZOLINI PA		
		Firm/ Company	
•	2069 NE 163 ST		
		Address	
	NORTH MIAMI BEACH FI	ORIDA 33\U.	2
	· ·	City/ State and Zip Code	9
aar	nazzolini@hotmail.com		
	▼	sed for future annual report	notification)
	E man address. (to be at		
For further informat	ion concerning this matter, pleas	se call:	
AMADEO MAZZO	DLINI	at (<u>305</u>	945-3686
Name of Contact Person		Area Co) 945-3686 de & Daytime Telephone Number
Enclosed is a check	for the following amount made		
■ \$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)
A D P.	Hailing Address mendment Section ivision of Corporations O. Box 6327 allahassee, FL 32314	Amend Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle

Tallahassee, FL 32301



Articles of Amendment Articles of Incorporation of

TWO LIFE USA CORP

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

P15000071488

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 "corpora "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," of word "chartered," "professional association," or the abbreviation	r "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	540 S. PARK RD
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	9-12
	9-12 HOLLY wood FL 33021
C. Enter new mailing address, if applicable:	·
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	
D. If amending the registered agent and/or registered office a new registered agent and/or the new registered office addr	
Name of New Registered Agent	
	· · · ·*
(Fiorida	street address)
New Registered Office Address:	(City), Florida (Zip Code)
	(Chy) (Elp Coue)
New Registered Agent's Signature, if changing Registered Age	ent:
I hereby accept the appointment as registered agent. I am familia	ar with and accept the obligations of the position.
	w Registered Agent, if changing

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	P	LILIANA P. ABERASTAIN	540 S PARK RD 9-12
Add X Remove			HOLLYWOOD FLORIDA 33021
2) Change	P	VIRGINIA MARTA AMADO	4099 LAKESIDE DR
X Add			TAMARAC FLORIDA 33319
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

-шасн инитопис эпсеіз, у пе	tional Articles, enter ecessary). (Be spec	rific)			
			<u> </u>		
				<u> </u>	
		•			
·					
<u> </u>					
f an amendment provides f provisions for implementing	or an exchange, recl	lassification, or c	the amendment i	<u>ted snares,</u>	
(if not applicable, indica	ate N/A)	not contained in	the amenament	tsert.	
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				<u> </u>	

a	SEPTEMBER 01 2015	
The date of each amendment(s)	adoption:	, if other than the
date this document was signed.		
	EPTEMBER 15 2015	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date,)
Note: If the date inserted in this document's effective date on the I	block does not meet the applicable statutory filing requirement Department of State's records.	s, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the ame sufficient for approval.	endment(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)	
action was not required. □ The amendment(s) was/were a	dopted by the board of directors without shareholder action and sides and the dopted by the incorporators without shareholder action and sharely	
action was not required.		
	IBER 01 2015	
Dated	Take to	
(By a	director, president or other officer - if directors or officers have	
	ted, by an incorporator - if in the hands of a receiver, trustee, or of	other court
appo	inted fiduciary by that fiduciary)	4
	LILIANA P ABERASTAIN	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	