P15000098430

(Requestor's Name)		
(Address)		
(Ac	ddress)	
(Ci	ity/State/Zip/Phone #)	
PICK-UP	WAIT MAIL	
(Bi	usiness Entity Name)	
(De	ocument Number)	
Certified Copies	Certificates of Status	
Special Instructions to	Filing Officer:	
1	1.4.18	





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COVER LETTER

TO: Amendment Section

Division of Corporations NAME OF CORPORATION: Sense A Life Corp DOCUMENT NUMBER: P15000098430 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Fadi Shamma Name of Contact Person Sense A Life Corp Firm/ Company 5109 W Knox St Address Tampa, FI 33634 City/ State and Zip Code fadisceo@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (813) 449-3210

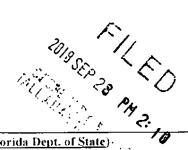
Area Code & Daytime Telephone Number Fadi Shamma Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: □\$52.50 Filing Fee □\$43.75 Filing Fee & ☐ \$35 Filing Fee **■**\$43.75 Filing Fee & Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy (Additional Copy enclosed) is enclosed) Street Address Mailing Address Amendment Section Amendment Section Division of Corporations Division of Corporations Clifton Building P.O. Box 6327

Tallahassee, FL 32314

2661 Executive Center Circle

Talfahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



Sense A Life Corp

(<u>traine vi</u>	Corporation as curren	tly filed with the Florida Dept. of State)			
P15000098430		**************************************			
	(Document Number	of Corporation (if known)			
Pursuant to the provisions of section 607.1 its Articles of Incorporation:	006, Florida Statutes, thi	s Florida Profit Corporation adopts the following amendment(s) to			
A. If amending name, enter the new nam	ne of the corporation:				
		The new			
name must be distinguishable and conta "Corp.," "Inc.," or Co.," or the designa word "chartered," "professional associati	tion "Corp," "Inc," or	ion," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the "P.A."			
		5109 W Knox St			
B. Enter new principal office address, if (Principal office address <u>MUST BE A ST</u>		Tampa, FL 33634			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		5937 Browder Rd			
		Tampa, FL 33625			
		•			
		· · · · · · · · · · · · · · · · · · ·			
D. If amending the registered agent and new registered agent and/or the new	<u>/or registered office ad</u> registered office addre	dress in Florida, enter the name of the			
-					
Name of New Registered Agent	5109 W Knox St				
	Jior W Ruon St				
-	(Florida :	street address)			
-	(Florida : Fampa	street address) . Florida 33634			

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)	Title	<u>Name</u>			<u>Addres</u> s
1) Change				 -	
Add					
Remove					
2) Change					
Add					·
Remove					
3) Change					
Add					
Remove					
4) Change					
Add					<u></u>
Remove					
Change Change					
5) Change	-	-	-		
Add					
Remove					
6) Change			<u>.</u>		
Add					
Remove					

. <u>If amending or adding additional</u> Attach additional sheets, if necessar	Articles, enter v). (Be spec	cnange(s) her ific)	<u>e</u> :			
ncrease the company's authorized share	es to 300,000.0	000 par value 0.	0001			
			 			
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				6. 1.1		
If an amendment provides for an e provisions for implementing the a	imendme <u>nt if</u>	not contained	in the amend	<u>ment itself:</u>	ires,	
(if not applicable, indicate N/A)					
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09/26/2018	'C advand on the
The date of each amendment(s) adoption:date this document was signed.	, if other than th
09/26/2018	
Effective date if applicable: (no more than 9	00 days after amendment file date)
Note: If the date inserted in this block does not meet the appli- document's effective date on the Department of State's records.	cable statutory filing requirements, this date will not be listed as th
Adoption of Amendment(s) (CHECK ONE)	
■ The amendment(s) was/were adopted by the shareholders. The by the shareholders was/were sufficient for approval.	e number of votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders thr must be separately provided for each voting group entitled to	ough voting groups. The following statement vote separately on the amendment(s):
"The number of votes cast for the amendment(s) was/we	re sufficient for approval
by(voting group)	···
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors action was not required.	without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the incorporators with action was not required.	nout shareholder action and shareholder
Dated	
Signature	
(By a director, president or other offi	cer – if directors or officers have not been
selected, by an incorporator - if in the appointed fiduciary by that fiduciary	e hands of a receiver, trustee, or other court)
(Typed or printed	SHAMM A name of person signing)
C20/P1	esident
(Title	of person signing)