## P160000022465

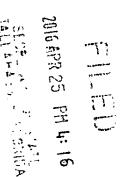
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Amend

APR 26 2016
I ALBRITTON

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: BELIFE CORP		
DOCUMENT NUMBER: P16000022465		
The enclosed Articles of Amendment and fee are sub	mitted for filing.	
Please return all correspondence concerning this matt	er to the following:	
JULIO C DE LOS RIOS		
<del> </del>	Name of Contact Person	· · · · · · · · · · · · · · · · · · ·
DLR PROFESSIONAL SERV	ICES INC	
<del></del>	Firm/ Company	
5743 HOLLYWOOD BLVD		,
	Address	
HOLLYWOOD, FL 33021		
<del></del>	City/ State and Zip Code	,
DLRCORP@AOL.COM		
<u> </u>	ed for future annual report	notification)
`	•	,
For further information concerning this matter, please	call:	
JULIO C DE LOS RIOS	at (	8164119
Name of Contact Person		de & Daytime Telephone Number
Enclosed is a check for the following amount made p	ayable to the Florida Depa	rtment of State:
\$35 Filing Fee \$\times \text{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 Division of Corporations P.O. Box 6327 Tallabassee, FL 32314	Amend Divisio Clifton	Address ment Section n of Corporations Building

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

BELIFE CORP		
(Name of Corporation	on as currently filed with the Florida Dep	t. of State)
P16000022465		
(Docum	ent Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	Statutes, this Florida Profit Corporation a	dopts the following amendment(s)
A. If amending name, enter the new name of the co	rporation:	
		Tl
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp, word "chartered," "professional association," or the	" "Inc," or "Co". A professional corpor	The new orated" or the abbreviation ation name must contain the
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADD		<del> </del>
		300 8
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO.)	<u> </u>	P. 29 T
	<del></del>	
		6
D. If amending the registered agent and/or register		me of the
new registered agent and/or the new registered of	office address:	
Name of New Registered Agent		
	(Florida street address)	
New Registered Office Address:		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Regil hereby accept the appointment as registered agent.		ns of the position
co, accept the appointment as registered agent.	. am jammar min and decept the congulator	is of the position.
Sign	ature of New 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>	<u>Name</u>	<u>Addres</u> s
I) Change	P	IVAN ELIZADE	10 ARAGON AVENUE
Add			SUITE 901
X Remove			CORAL GABLES, FL 33134
2) Change	P	IVAN ALIZADE	10 ARAGON AVENUE
X Add			SUITE 901
Remove			CORAL GABLES, FL 33134
3) Change			
Add			
Remove			
4) Change		<u> </u>	
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add	•		
Remove			

If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)
	<del> </del>
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·	
	<del></del>
If an amendment provides for an exch	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
	· · · · · · · · · · · · · · · · · · ·
	<del></del>

•	04/01/2016	
The date of each amendment(s) date this document was signed.		, if other than the
<u>-</u> -	/01/2016	
Effective date if applicable:		
	(no more than 90 days after amendmen	t file date)
Note: If the date inserted in this document's effective date on the	block does not meet the applicable statutory filing re- Department of State's records.	quirements, 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 sufficient for approval.	or the amendment(s)
	pproved by the shareholders through voting groups. The coreach voting group entitled to vote separately on the co	
"The number of votes ca	st for the amendment(s) was/were sufficient for approva	ıl
by	(voting group)	,, _,
	(voting group)	•
☐ The amendment(s) was/were a action was not required.	dopted by the board of directors without shareholder ac	tion and shareholder
☐ The amendment(s) was/were a action was not required.	dopted by the incorporators without shareholder action	and shareholder
04/01/20	16	
Dated Signature	TO	
	director, president or other officer - if directors or office	
	ted, by an incorporator – if in the hands of a receiver, tr	ustee, or other court
appo	inted fiduciary by that fiduciary)	
	IVAN ALIZADE	
	(Typed or printed name of person signing	)
	PRESIDENT	
	(Title of percon cigning)	