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COVER LETTER

TO: Amendment Section Division of Corporations nternational Realty NAME OF CORPORATION: DOCUMENT NUMBER: V The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: International Firm/Company 87th Ave suite PMIAMI (& Y2h00-Com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: ose l. Fernandez at (305) 746 8282

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 Certified Copy (Additional copy is (Additional Copy enclosed) is enclosed) **Mailing Address Street Address** Amendment Section Amendment Section

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Clifton Building

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Articles of Amendment to

Articles of Incorporation

Lifesture	International	RealtyI	I Inc
	,, ,	,	

utestyle Internation	nal Realty I	LINC	
(Name of Corporation	as currently filed with the Flo	orida Dept. of State)	
P1+0000 34005	ut Number of Comparation (iffer		
(Docume	nt Number of Corporation (if known	own)	
Pursuant to the provisions of section 607.1006, Florida Sits Articles of Incorporation:	Statutes, this Florida Profit Corp	poration adopts the following an	nendment(s) to
A. If amending name, enter the new name of the corp	poration:		
		Th	ie new
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp," word "chartered," "professional association," or the al	"Inc," or "Co". A profession	"incorporated" or the abbr al corporation name must con	eviation tain the
B. Enter new principal office address, if applicable:		in ()	-
(Principal office address MUST BE A STREET ADDR	<u>(ESS</u>)		
			
		() () () () () () () () () ()	to [
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX))	, (TT) : 	R C
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		<u> </u>	
		·-··	
D. If amending the registered agent and/or registered new registered agent and/or the new registered of		er the name of the	
Name of New Registered Agent			
	(Florida street address)		
New Registered Office Address:		, Florida	
	(City)	(Zip Code	<i>i)</i>
New Registered Agent's Signature, if changing Regis			
I hereby accept the appointment as registered agent. I	am familiar with and accept the	obligations of the position.	
Signat	ure of New Registered Agent, if c	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)	Title	Name	Address
I) Change	\mathcal{D}	<u>Jandra Fernandez</u>	2780 SW 87 tave
Add Add			Suite 106
Remove		· ·	mami F 33163
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4)Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change		_	- town
Add			
Remove			

If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)
	48° · · · · · · · · · · · · · · · · · · ·
	<u></u>
If an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
 · · · · · · · · · · · · · · · · · ·	
	·

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
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 document's effective date on the Department of State's records.	will 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):	t .
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by"	
(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.	
Dated5/4/20175	
Signature May Ha	
(By a director, president or other officer – if 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)	
A. a	
(Typed or printed name of person signing)	
(Typed or printed name of person signing)	
P Othcer and owner	
(Title of person signing)	