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COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: Health & Life Marketplace INC DOCUMENT NUMBER: P170000 344 63 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Beetl Schilmen Name of Contact Person Firm/ Company Wiles Me Sk 107 Coral Springs R 33067
City/ State and Zip Code inucotomater allo adican E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (<u>56)</u>) కరణ డు98 Area Code & Daytime Telephone Number Name of Contact Person 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 Certificate of Status Certified Copy (Additional copy is Certified Copy enclosed) (Additional Copy

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Tallabassee, FL 32314 Street Address

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

is enclosed)

Articles of Amendment to

to Articles of Incorporation

(120)	ocument Number of Corporation (if known)
	orida Statutes, this Florida Profit Corporation adopts the following amendment(
A. If amending name, enter the new name of the	e corporation:
name must be distinguishable and contain the v "Corp.," "Inc.," or Co.," or the designation "Co word "chartered," "professional association," or t	The new word "corporation," "company," or "incorporated" or the abbreviation or "Inc." or "Co". A professional corporation name must contain the the abbreviation "P.A"
B. Enter new principal office address, if applica (Principal office address MUST BE A STREET A	
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE</u>)	BOX)
D. If amending the registered agent and/or registered agent and/or the new registered agent and/or the new registered.	stered office address in Florida, enter the name of the red office address:
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	(City) , Florida (Zip Code)

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: <u>X</u> Change	PT John	<u>Doe</u>	
X Remove	<u>V</u> <u>Mike</u>	Jones	
X Add	<u>SV</u> <u>Sally</u>	<u>Smith</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	<u>VP</u>	Mobert J. Levine	8618 Lagia Cir
X Add			8618 Lagia Cir Dayolo Deach FL 33472
Remove			
2) Change			
Add			
Remove			<u> </u>
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
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	iange, reclassifica	tion, or cancellatio	n of issued shares	<u> </u>
f an amendment provides for an exch provisions for implementing the ame	ndment if not con	tained in the amen	ament usen:	
f an amendment provides for an exchaprovisions for implementing the ame (if not applicable, indicate N/A)	ndment if not con	tained in the amen	ament itseit:	
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f an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	ndment if not con	tained in the amen	different fiseri:	
provisions for implementing the ame	ndment if not con	tained in the amen	different fiseri:	

The date of each amendment(s) adoption:	, if other than the
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 will document's effective date on the Department of State's records.	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):	
"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.	
Dated 6/7/17	
Signature (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)	
OscH Scromin	
(Typed or printed name of person signing)	
Vice Pecsicles (Title of person signing)	
(Title of person signing)	