

(Re	equestor's Name)	
(Ac	ddress)	, , , , , , , , , , , , , , , , , , ,
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SECURITARY OF STATE

SECURITARY OF STATE

ALLANSSEE, FLORED

S. YOUNG

COVER LETTER

TO: Amendment Section Division of Corpor				
NAME OF CORPORA	YLEO Health & W	Vellness Inc		
DOCUMENT NUMBE	D17000047764			
The enclosed Articles of	f Amendment and fee are su	bmitted for fi	ling.	
Please return all corresp	ondence concerning this ma	tter to the foll	 owing: 	
J.	ohn DeMarco			
		Name of C	ontact Persor	1
-		Firm/	Company	
1	0051 Upper East Valley Rd			
P	ikeville TN 37367	Λ	idress	
	<u> </u>	City/ State	and Zip Code	:
teamd l	x@aol.com			
	E-mail address: (to be us	sed for future	unnual report	notification)
For further information	concerning this matter, pleas	se call:		
John DeMarco		at	865	202-3445
Name of Contact Person		Area Co	de & Daytime Telephone Number	
Enclosed is a check for t	he following amount made	payable to the	Florida Depa	artment of State:
□ \$35 Filing Fee	■\$43.75 Filing Fee & Certificate of Status	Certified	al copy is	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Amen Divisi P.O. F	ng Address dment Section on of Corporations Box 6327 hassee, FL 32314		Amend Divisio Clifton 2661 E	Address ment Section in of Corporations Building xecutive Center Circle issee, FL 32301

Articles of Amendment to Articles of Incorporation of

YLEO Health & Wellness Inc.

TERO Health & Welliess the			
(<u>Name (</u>	of Corporation as currer	tly filed with the Florida Dept. of State)	
P17000063756			
	(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, th	is Florida Profit Corporation adopts the fo	llowing amendment(s) to
A. If amending name, enter the new na	me of the corporation:		
Yes Lord Essential Oils Health & Wellne	ess Inc		The new
"Corp.," "Inc" or Co.," or the design word "chartered." "professional associal B. Enter new principal office address, (Principal office address MUST BE A S C. Enter new mailing address, if applications address MAY BE A POST.	ation "Corp." "Inc," or tion," ar the abbreviation if applicable: TREET ADDRESS) icable: OFFICE BOX)	N/A N/A Idress in Florida, enter the name of the	the abbreviation
Name of New Registered Agent	N/A		<u> </u>
			8 5
	(Florida	street address)	•
New Registered Office Address:	N/A	, Florida_	Clin Code)
New Registered Agent's Signature, if c	tered agent. I am familia	r with and accept the obligations of the pos	(Zip Code)
	Signature of Nev	v Registered Agent, if changing	

address of each Officer a (Attach additional sheets, Please note the officer/dir P = President; V= Vice I Executive Officer; CFO = held. President, Treasurer Changes should be noted	ind/or D if necess rector title President = Chief F r, Directo in the fol wes the co	irector beary) is by the five T= Tree inancial or would be lowing m orporation	eing added: rst letter of the office to surer; S= Secretary; Officer. If an officer/ pe PTD. anner. Currently John n, Sally Smith is name	itle: D= Director; TR director holds m n Doe is listed as	R= Tru. ore tha the PS	rector being removed and title, name, and stee; $C = Chairman \text{ or } Clerk; CEO = Chief$ in one title, list the first letter of each office T and Mike Jones is listed as the V . There is ould be noted as John Doe, PT as a Change,
Example: X Change	<u>PT</u>	John Do	<u>e</u>			
X Remove	<u>v</u>	Mike Jo	<u>nes</u>			
X Add	<u>SV</u>	Sally Sn	<u>iith</u>			
Type of Action (Check One)	<u>Title</u>		<u>Name</u>			Address
1) Change		_	N/A	<u> </u>	-	
Add					-	
Remove						
2) Change		_	· · · · · · · · · · · · · · · · · · ·		-	
Add						
Remove						
3) Change		_			-	
Add						
Remove						
4) Change		_			-	
Add						
Remove						
5) Change		_			-	
Add						
Remove						
6) Change		-				
Add						

_ Remove

E. If amending or adding additional Articles, enter change(s (Attach additional sheets, if necessary). (Be specific)	here:
The name shall be amended to Yes Lord Essential Oils Health &	Wellness Inc
<u></u>	
F. If an amendment provides for an exchange, reclassification provisions for implementing the amendment if not contained.	on, or cancellation of issued shares, tined in the amendment itself:
(if not applicable, indicate N/A)	
N/A	
	1

The date of each amendment(s) adoption: date this document was signed.	, if other than the
Effective date if applicable:	days after amendment file date)
ino more many	
Note: If the date inserted in this block does not meet the applic document's effective date on the Department of State's records.	able statutory filing requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The by the shareholders was/were sufficient for approval.	number of votes east for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders thromust be separately provided for each voting group entitled to a	
"The number of votes cast for the amendment(s) was/were	e sufficient for approval
by(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.	out shareholder action and shareholder
9/23/2017 Dated	-
Signature John De Marco	
(By a director, president or other offic	er – if directors or officers have not been
selected, by an incorporator − if in the appointed fiduciary by that fiduciary)	hands of a receiver, trustee, or other court
appointed inductary by that inductary)	
John DeMarco	
(Typed or printed r	name of person signing)
President	
(Title o	f person signing)