## P1100000 53453

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(Business Entity Name)	
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## COVER LETTER

TO: Amendment Section Division of Corpor	ations	COVER LETTER INC		ENT NOT 22 PAR DOGG
NAME OF CORPORATION OF THE PROPERTY OF THE PRO	D17000083.158	_		Ğ.
	(Amendment and fee are	submitted for filing.		
Please return all corresp	ondence concerning this	atter to the following:		
1	NYDELIS MORALES			
3	60 BALANCE, INC	Name of Contact Person	·	
<del>-</del>		Firm/ Company		
 	303 SUMMER BREEZË	Address		
ŀ	CISSIMMEE, FL 34744	Address		
<del>-</del>		City/ State and Zip Code		
NYDE	LISMORALES@OUTL			
	E-mail address: (to be	used for future annual report n	otification)	
For further information	concerning this matter, pl	ase call:		
NYDELIS MORALES			702-1817	<del></del>
Name o	Contact Person	Area Code	e & Daytime Telephone Number	
Enclosed is a check for	the following amount mad	e payable to the Florida Depar	tment of State:	
\$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status		☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Amer Divis P.O.	ing Address indment Section ion of Corporations Box 6327 hassee, FL 32314	Division Clifton I 2661 Ex	nent Section of Corporations	

,	Articles of Amendment	
	to Articles of Incorporation of	THE WORLD STATE OF THE STATE OF
360 BALANCE, INC		7
(Name of Co)	rnoration as currently filed with the Florida Dept. of State)	4
P17000083458	<u>[['-</u> ]	Q.
	(Document Number of Corporation (if known)	
s Articles of Incorporation:	Riorida Statutes, this Florida Profit Corporation adopts the follow	ring amendment(s) to
A. If amending name, enter the new name o	f the corporation:	
		The new
name must be distinguishable and contain t "Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association,"	the word "corporation," "company," or "incorporated" or the "Corp," "Inc," or "Co". A professional corporation name mu: of the abbreviation "P.A."	abbreviation st contain the
B. Enter new principal office address, if app	olicable:	<del></del>
Principal office address MUST BE A STREE  C. Enter new mailing address, if applicable		
(Mailing address MAY BE A POST OFF)		
	registered office address in Florida, enter the name of the	
new registered agent and/or the new reg	istered office address:	
Name of New Registered Agent		_
	(Florida street address)	
	Triorida sireet daaress)	
New Registered Office Address:	. Florida, Florida	<u> </u>
		(ip Code)
New Registered Agent's Signature, if chang I hereby accept the appointment as registered	ing Registered Agent:  agen. I am familiar with and accept the obligations of the positio	DH.
	Signature of New Registered Agent, if changing	

address of each Officer: (Attach additional sheets, Please note the officer/dir P = President; V = Vice of Executive Officer; CFO sheld. President, Treasure. Changes should be noted	and/or D if necess rector titl President = Chief i r, Directo in the fo	Director being added: sary)  le by the first letter of the office title: 1: T= Treasurer; S= Secretary; D= Director Financial Officer. If an officer/director hold for would be PTD. Currently John Doe is liste corporation, Sally Smith is named the V and S	officer/director being removed and title, name, and if TR= Trustee; C = Chairman or Clerk; CEO = Chief is more than one title, list the first letter of each office if as the PST and Mike Jones is listed as the V. There is These should be noted as John Doe, PT as a Change,
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) X Change	VP	ZAIDA CRUZ	4303 SUMMER BREEZE WAY
Add			KISSIMMEE, FL 34744
Remove			
2) Change			
Add			
Remove			
3 ) Change			
Add			
Remove			
4) Change			
Add			
Remove			· · · · · · · · · · · · · · · · · · ·
5) Change			
Add			
Remove			
6) Change		0 1 1 1 1 1	
Add			

\_\_ Remove

,	
If amending or adding additional Arti	icles (enter change(s) here: (Belspecific)
(Attach additional sheets, if necessary).	(beispectic)
	<u> </u>
	<b>11</b>
	h.t
	<u></u>
If an amendment provides for an excl	hange reclassification, or cancellation of issued shares,
provisions for implementing the ame	hange reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	$\mathbb{W}_{\mathbb{N}}$
	16 T
	<u>[</u> ]
	k.i

The date of each amendment(s) adoption:	, if other than the
NOVEMBER 17-2	v017
Effective date if applicable:	
	no more than 90 days after amendment file date)
Note: If the date inserted in this block does not document's effective date on the Department of State of State of State of the Department of State	meet the applicable statutory filing requirements, this date will not be listed as the ite's records.
Adoption of Amendment(s) (CHEC	CK ONE)
The amendment(s) was/were adopted by the shareholders was/were sufficient for app.	reholders. The number of votes cast for the amendment(s) roval.
	nareholders through voting groups. The following statement oup entitled to vote separately on the amendment(s):
"The number of votes cast for the amendary	nent(s) was/were sufficient for approval
by	
(vol <b>iiģ</b>	group)
The amendment(s) was/were adopted by the boaction was not required.	ard of directors without shareholder action and shareholder
action was not required.	orporators without shareholder action and shareholder
11/17/2017 Dated	
Signature The Colin Sil	euroles
	nt or other officer – if directors or officers have not been orator – if in the hands of a receiver, trustee, or other court that fiduciary)
NYDELIS M	<u> </u>
(។ប្តីរ	ped or printed name of person signing)
PRESIDENT	
	(Title of person signing)