# P17000091632

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C. BRUMBLEY JAN 2 7 2022

#### COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: Best Life Events Inc. DOCUMENT NUMBER: P17000091632 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Stephanie L. Harris Name of Contact Person Best Life Events Inc. Firm/ Company 375 NW 33rd Terrace #201 Address Pompano Beach, FL 33069 City/ State and Zip Code stephlhj@comcast.net E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (301 802-4099

Area Code & Daytime Telephone Number Stephanie L. Harris Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: \$52.50 Filing Fee □\$43.75 Filing Fee & ☐ \$43.75 Filing Fee & ☐ \$35 Filing Fee Certificate of Status Certified Copy Certificate of Status Certified Copy (Additional copy is enclosed) (Additional Copy is enclosed) Street Address Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

### Articles of Amendment to Articles of Incorporation of

Best Life Events Inc.	<u> </u>		
(Name of Corporation as current	ly filed with the Florida	a Dept. of State)	
17000091632			
(Document Number	of Corporation (if known	1)	
ursuant to the provisions of section 607.1006, Florida Statutes, this Articles of Incorporation:	: Florida Profit Corpora	tion adopts the following amend	dment(:
. If amending name, enter the new name of the corporation:			
/A		The	new
ame must be distinguishable and contain the word "corporation," Inc.," or Co.," or the designation "Corp," "Inc," or "Co", chartered," "professional association," or the abbreviation "P.A.	A professional corpora	rated" or the abbreviation "Cor	p., "
Enter new principal office address, if applicable:	N/A		
Principal office address MUST BE A STREET ADDRESS )		<b>202</b> :	
		2 JA	ח
		- <del>Ž</del> z	
Fuer and modified address if applicables		(A) (5)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A		-
· · · · · · · · · · · · · · · · · · ·			
			_
. If amending the registered agent and/or registered office ad	dress in Florida, enter t	he name of the	
new registered agent and/or the new registered office addre	<u>ss:</u>		
Name of New Registered Agent N/A		<u></u>	
The state of the s		*	
(Florida s	street address)		
		m 1.	
New Registered Office Address:	(City)	, riorida	
	1 - 4/2	,	
New Registered Office Address:  New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familian	(City) nt: r with and accept the obl	, ,	
Signature of New	Registered Agent, if cha.	nging	

Check if applicable

 $\Box$  The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), F.S.

## 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)

Add

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: PTJohn Doe X Change V Mike Jones X Remove SV X Add Sally Smith Type of Action Title Name | Address (Check One) Previous: 2751 S. Ocean Dr. 302S Scot Bennett, CPA P,D 1) \_\_\_\_ Change Hollywood, FL 33019 \_\_\_\_ Add Current: SAB Group, PA Remove 6008 Royal Poinciana Ln. 33319 2) \_\_\_\_ Change \_\_\_\_ Add 375 NW 33rd Terrace #201 \_\_ Remove P,T,S,DStephanie L. Harris Pompano Beach, FL 33069 3 ) \_\_\_\_ Change Add Remove 4) \_\_\_\_ Change Add \_\_ Remove 5) \_\_\_\_ Change Add \_\_ Remove 6) \_\_\_\_ Change

	cles, enter change(s) here:  (Be specific)
/A	• • • •
···	
· ·	
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If an amendment provides for an exch	ange, reclassification, or cancellation of issued shares,
provisions for implementing the amer	ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
4 <u> </u> A	

The date of each amendment(s) addate this document was signed.	option:	, if other than the
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this blacement's effective date on the Dep	ock does not meet the applicable statutory filing requirements, this date partment of State's records.	will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were adoption was not required.	oted by the incorporators, or board of directors without shareholder action	and shareholder
The amendment(s) was/were adop by the shareholders was/were suf	oted by the shareholders. The number of votes cast for the amendment(s) ficient for approval.	
☐ The amendment(s) was/were appromust be separately provided for a	oved by the shareholders through voting groups. The following statement ach voting group entitled to vote separately on the amendment(s):	
"The number of votes cast f	or the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
12/16/202 Dated		
Signature	adopt their	
(By a dir	ector, president or other officer - if directors or officers have not been	
	by an incorporator – if in the hands of a receiver, trustee, or other court d fiduciary by that fiduciary)	
	Stephanie Harris	
•	(Typed or printed name of person signing)	
1	President	
-	(Title of person signing)	