P18000011800

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	dress)	
	ry/State/Zip/Phone	. 40
(Cil	y/State/Zip/Pnone	: #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
		:

Office Use Only



500311358205

0476918311d3582115.75

2019 ETR - S .H D: 5

Arrend

APR - 9 2018

I ALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	ORATION: The Good Life Ma	unagement, Inc.	
DOCUMENT NUN	D19000011900		
The enclosed Article	es of Amendment and fee are su	abmitted for filing.	
Please return all corr	respondence concerning this ma	atter to the following:	
	Kamille Coleman		
		Name of Contact Person	1
		Firm/ Company	
	4922 Ivywild Ave		
		Address	
	Hilliard, OH 43026		
		City/ State and Zip Cod	8
Kar	nille_c1@hotmail.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further informati	on concerning this matter, pleas	se call:	
Kamille Coleman		at (308-6703
Name of Contact Person Area		Area Co	de & Daytime Telephone Number
Enclosed is a check t	for the following amount made	payable to the Florida Depa	rtment of State:
□ \$35 Filing Fee	\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
	ailing Address		Address
	nendment Section		ment Section
	vision of Corporations D. Box 6327		n of Corporations Building
	llahassee, FL 32314		xecutive Center Circle

Tallahassee, FL 32301

Articles of Amendment to **Articles of Incorporation**

THE GOOD LIFE MANAGEMENT, INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

	000011800	
(Document Number of Corporati	ion (if known)	
rsuant to the provisions of section 607.1006, Florida Statutes, Articles of Incorporation:	, this <i>Florida Profit Corporation</i> ac	lopts the following amend
If amending name, enter the new name of the corporation	<u>n:</u>	
	NK	The
me must be distinguishable and contain the word "corpo forp.," "Inc.," or Co.," or the designation "Corp," "Inc," rd "chartered," "professional association," or the abbreviat	or "Co". A professional corpora	
Enter new principal office address, if applicable: incipal office address <u>MUST BE A STREET ADDRESS</u>)	<i>N A</i>	
Enter new mailing address, if applicable; (Mailing address MAY BE A POST OFFICE BOX)	NA	
If amending the registered agent and/or registered office	address in Florida, enter the nam	ne of the
new registered agent and/or the new registered office add	dress:	
Name of New Registered Agent	NA	
(Floria	da street address)	
New Registered Office Address:	, Florida_	
((City)	(Zip Code)
w Registered Agent's Signature, if changing Registered A	gent:	
creby accept the appointment as registered agent. I am fami		of the position.

Signature of New Registered Agent, if 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> <u>John</u>	n Doe	
X Remove	<u>V</u> <u>Mik</u>	<u>ce Jones</u>	
X Add	<u>SV</u> <u>Sall</u>	y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	<u>P</u>	JOHNASSON KYLE GOMEZ	111 NORTH ORANGE AVENUE
Add Remove			ORLANDO, FL 32801
2) X Change	PTD	KAMILLE S. COLEMAN	111 NORTH ORANGE AVENUE
Add			ORLANDO, FL 32801
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change	·***		
Add			
Remove			

Auach aadm	ional sheets, if necess	al Articles, enter chang eary). (Be specific)	NA	
				·
				
			· · · · · · · · · · · · · · · · · · ·	
- 1211 1 ± 4 . · ·	<u>, </u>			
		• • • • • • • • • • • • • • • • • • • •	····	
				
	*****		·	
	-			
provisions f	ment provides for an for implementing the applicable, indicate N	<u>e amendment if not con</u>	tion, or cancellation of issued tained in the amendment itself	shares. [:
(y nor u			- Laboratoria de la compansión de la compa	
(y nor u				
(y not u			1170 Tr 370 Tr 300 Tr 3	
(y nor u				
(y nor u				
(y not u				
(y nor u				

The date of each amendment(s) adoption: 3/12/2018	, if other than the
date this document was signed.	
Effective date if applicable: (no more than 90 days after amendment file)	île date)
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for by the shareholders was/were sufficient for approval.	the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The f must be separately provided for each voting group entitled to vote separately on the amendment(s) was/were approved by the shareholders through voting groups.	
"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 action was not required.	n and shareholder
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and action was not required.	d shareholder
Dated 3/20/2018	
Signature ROUM	
(By a director, president or other officer – if directors or officer selected, by an incorporator – if in the hands of a receiver, trust appointed fiduciary by that fiduciary)	
KAMILLE S. COLEMAN	
(Typed or printed name of person sign	ning)
PRESIDENT	
(Title of nerson signing)	