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R. WHITE MAY 0.9 2018

## **COVER LETTER**

TO: Amendment Section

Division of Corporations New Life Directional Dailling Inc P18000035171 NAME OF CORPORATION: DOCUMENT NUMBER: \_ The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Jorge L. GALARZA
Name of Contact Person New Life Directional Drilling Inc
Firm/Company
4127 BUSCH Blvd. Apt. 1
Address TAUX 76 33617
City/State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Name of Contact Person

Name of Contact Person

Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: □\$43.75 Filing Fee & □\$43.75 Filing Fee & □S52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Mailing Address Street Address Amendment Section Amendment Section

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Clifton Building

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

## Articles of Amendment to



	Articles of Incorporation of	18 HAY -7 PH 2: 57
New C	ife Dinoctional	Dnilling Inc
(Name of Corporat	on as currently filed with the Flor	ida Dept. of State)
	P180000351	7/
(Docur	nent Number of Corporation (if kno	wn)
Pursuant to the provisions of section 607.1006, Florid its Articles of Incorporation:	a Statutes, this <i>Florida Profit Corpo</i>	oration adopts the following umendment(s) to
A. If amending name, enter the new name of the co	orporation:	
		77
name must be distinguishable and contain the wor "Corp.," "Inc.," or Co.," or the designation "Corp. word "chartered." "professional association," or the	." "Inc." or "Co". A professiona abbreviation "P.A."	d corporation name must contain the
B. Enter new principal office address, if applicable	: 4127 E	Busch Blvd.
(Principal office address MUST BE A STREET ADI	ORESS )	Busch Blvd. Apr. 1 Mpa,7C 33617
	TAI	MDG 21 33617
		1,76 33617
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BC	<u></u>	<u> </u>
D. If amending the registered agent and/or registered new registered agent and/or the new registered		r the name of the
Name of New Registered Agent	<u> </u>	
	(Florida street address)	<del></del>
New Registered Office Address:	Circ	Florida
	(City)	. Florida(Zip Code)
New Registered Agent's Signature, if changing Reg		
I hereby accept the appointment as registered agent.	I am familiar with and accept the o	bligations of the position.
Sier	ature of New Registered Agent, if c	hanging

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>	John Doc	
X Remove	$\underline{\mathbf{V}}$	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)  1) Change Add Remove	Tide P	Jorge L GALARZA	Address  4127 E BUSCH BLVCH  APT. 1  TAMPA, 71 33617
2) Change Add Remove			
3 ) Change Add Remove			
4) Change Add Remove			
5) Change			
Remove 6) Change Add	<del>,,,,,</del>		
Remove			

	ng or adding additional Articles, of litional sheets, if necessary). (Be		<u>e</u> :		
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provision	ndment provides for an exchange, is for implementing the amendment applicable, indicate N/A)	reclassification, or nt if not contained	cancellation of issi in the amendment i	ged shares. tself:	
		****			
·					<del></del>
-1,				- · ·	

The date of each amendment(s) adoption:	:4-16-2018	, if other than the
date this document was signed.		
Effective date if applicable:	4-16-2018 4-16-2018 in 90 days after amendment file date)	
(no more tha	n 90 days ofter amendment file date)	
Note: If the date inserted in this block does not meet the ap document's effective date on the Department of State's records		will not be listed as the
Adoption of Amendment(s) (CHECK ONE)		
☐ The amendment(s) was/were adopted by the shareholders, by the shareholders was/were sufficient for approval.	The number of votes cast for the amendment(s)	
☐ The amendment(s) was/were approved by the shareholders must be separately provided for each voting group entitled		
"The number of votes east for the amendment(s) was/	, ,	
hy(voting group)		
(voting group)		
The amendment(s) was/were adopted by the board of direct action was not required.		
☐ The amendment(s) was/were adopted by the incorporators vaction was not required.		
Dated	2018)	
Signature (By a director, president or other c	officer – if directors or officers have not been	<del></del>
	the hands of a receiver, trustee, or other court	
appointed fiduciary by that fiducia	ary) /	
	Jorge L GALARZA	
(Typed or print	ed name of person signing)	
	President	
(Ti	tle of person signing)	