## P18 000094023

(Re	equestor's Name)	
(Ac	ddress)	
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(A)	ddress)	
(Ci	ity/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(R)	usiness Entity Nar	ma)
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Special Instructions to Filing Officer:		
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2021 JAN 21 PN 7: 45

3/4/21

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	RATION:	ESS AND WELL-BEING	G, INC			
DOCUMENT NUM	P18000004023					
The enclosed Articles	of Amendment and fee are su	bmitted for filing.				
Please return all corre	spondence concerning this ma	tter to the following:				
	Amanda Garcia					
		Name of Contact Pers	on			
	Intuitive Fitness and Well-Being, Inc.					
		Firm/ Company	_			
	2121 Ponce de Leon Blvd, Su	ite 1050				
	Address					
	Coral Gables, FL 33134					
		City/ State and Zip Co	ode			
	djgarcia@aegarcia.com					
	E-mail address: (to be us	sed for future annual repo	ort notification)			
For further information	n concerning this matter, pleas	10 <b>5</b>	772-4058			
Name	of Contact Person	at ( Area (	Code & Daytime Telephone Number			
	or the following amount made					
□ \$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)			
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Ame Divis The 2415	et Address Indicate Section Sion of Corporations Centre of Tallahassee S.N. Monroe Street, Suite 810 Shassee, FL 32303			

## Articles of Amendment to Articles of Incorporation of

## FILED

2021 JAN 21 PM 7:48

INTUITIVE FITNESS AND WELL-BEING, INC

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

SECRETARY OF STATE

(Name	of Corporation as currently	y filed with the Florida Dept. of State)	
P18000094023			
	(Document Number of	f Corporation (if known)	
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, this A	Florida Profit Corporation adopts the following amendn	ient(s)
A. If amending name, enter the new n	ame of the corporation:		
FREEDOM HEALTH AND WELL-BEI	NG, INC	The ne	10
name must be distinguishable and contain "Inc.," or Co.," or the designation "C "chartered," "professional association,"	Corp, " "Inc," or " $Co$ ". A	company," or "incorporated" or the abbreviation "Corp., A professional corporation name must contain the wor	••
		N/A	
B. Enter new principal office address, (Principal office address MUST BE A S			
C. Enter new mailing address, if appl (Mailing address <u>MAY BE A POST</u>		N/A	
D. If amending the registered agent ar	nd/or registered office add	ross in Florida, enter the name of the	
new registered agent and/or the new			
Name of New Registered Agent	N/A		
Name of New Registerea Agent			
	thisrida etr	reet address)	
	N/A		
New Registered Office Address:	·	(City) , Florida (Zip Code)	
		(Ca)	
New Registered Agent's Signature, if c			
I hereby accept the appointment as regist	tered agent. I am familiar v	with and accept the obligations of the position.	
	Signature of New R	legistered Agent, if changing	
	Č ,		
Check if applicable			

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 Do	<u>ος</u>	
X Remove	$\underline{\mathbf{v}}$	Mike Jo		
_X Add	<u>\$V</u>	<u>Sally Sn</u>	nth	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) N/A Change	N/A	_	N/A	N/A
Add				
Remove				
2) Change		_		
Add				• • • • • • • • • • • • • • • • • • • •
Remove Change		<del></del>		
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add		_ <del>_</del>		
Remove				

(Atta	ending or adding additional Articles, enter change(s) here: h additional sheets, if necessary). (Be specific)
N/A	
F. <u>If an</u>	amendment provides for an exchange, reclassification, or cancellation of issued shares, visions for implementing the amendment if not contained in the amendment itself:
pro	(if not applicable, indicate N/A)
N/A	
-	

	01/01/2021	
•	adoption:	, if other than the
date this document was signed.		
0 Effective date if applicable:	//01/2021	
Effective date <u>it applicable</u> .	(no more than 90 days after amendment file date)	
Note: If the date inserted in thi document's effective date on the	s block does not meet the applicable statutory filing requirements. Department of State's records.	this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were action was not required.	adopted by the incorporators, or board of directors without sharehol	der action and shareholder
☐ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amei sufficient for approval.	ndment(s)
	approved by the shareholders through voting groups. The following for each voting group entitled to vote separately on the amendment	
"The number of votes of	ast for the amendment(s) was/were sufficient for approval	
bv	."	
	(voting group)	
01/15/20	21	
Dated		
Signature	Macia	
(By a selection)	director, president or other officer – if directors or officers have noted, by an incorporator – if in the hands of a receiver, trustee, or ot sinted fiduciary by that fiduciary)	
	AMANDA V. GARCIA	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	<del></del>