P19000007192

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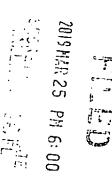
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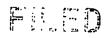


COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: NEXT LIFE CON	NSULTING, INC.
DOCUMENT NUMBER: P19000007192	
The enclosed Articles of Amendment and fee are s	submitted for filing.
Please return all correspondence concerning this m	atter to the following:
Giselle Del Aino	
	Name of Contact Person
Zumpano Castro, LLC	
	Firm/ Company
500 South Dixie Highway S	duite 302
	Address
Coral Gables, FL 33143	
	City/ State and Zip Code
giselle.ortizdelamo@zumpanocast	iro cam
	used for future annual report notification)
(10.00)	To the same and the port notification,
For further information concerning this matter, plea	ase call:
Giselle Del Amo	at (305) 503-2990
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:
■ \$35 Filing Fee	□\$43.75 Filing Fee & □\$52.50 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	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation



NEXT LIFE CONSULTING, INC.

2019 HAR 25 PM 6: 00

	thy filed with the Florida Depti of State)
P19000007192	
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corporati "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the
3. Enter new principal office address, if applicable:	8240 N.W. 52nd Terrace, Suite 202
Principal office address MUST BE A STREET ADDRESS)	Doral, Florida 33166
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	8240 N.W. 52nd Terrace, Suite 202
,	Doral, Florida 33166
D. If amending the registered agent and/or registered office adenew registered agent and/or the new registered office address	dress in Florida, enter the name of the
Name of New Registered Agent	
(Florida s	treet address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agen hereby accept the appointment as registered agent. I am familian	it:
Signuture 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.

X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) X Change	P/D	Ventura, Adam	8240 N.W. 52nd Terrace, Suite 202
A d d			Doral, Florida 33166
Remove			
2) X Change			_
Adđ		· ·	
Remove			
3) Change			_
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Adđ			
Remove			
6) Change		_	
Ad d			
Remove			

Attach additional sheets, if necessary).	ticles, enter change(s) here: . (Be specific)
-	4
-	
I an amendment provides for an exc	change, reclassification, or cancellation of issued shares, sendment if not contained in the amendment itself:
(if not applicable, indicate N/A)	continent is not contained in the amendment itself:
7, , , , , , , , , , , , , , , , , , ,	
	

The date of each amendment(s) adoption:	_, if other than the
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will redocument's effective date on the Department of State's records.	not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
hy	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
2/15/2019	
Dated	
Signature	
(By a director) provident or other officer – if directors or officers have not been selected, by an accorporator – if in the hands of a receiver, trustee, or other court	
appointed fiduciary by that fiduciary)	
ADAM VENTERA	
(Typed or printed name of person signing)	
Vote no -	
- IICESIDEN I	
(Title of person signing)	