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SECRETARY OF STATE
TALL AND SECRETARY O

JUL 25 2019 S. YOUNG

COVER LETTER ▼,

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	LAUGH TO LIVE	ALF INC				
DOCUMENT NUMBER: P19	000018300					
The enclosed Articles of Amena	<i>lment</i> and fee are su	bmitted for filing.				
Please return all correspondence	concerning this ma	tter to the following:				
ADALBI	ERTO ABREU					
		Name of Contact Person	1			
LAUGH	TO LIVE ALF INC					
	Firm/ Company					
8635 SW	207 TERRACE					
		Address				
CUTLER	BAY FL 33189					
		City/ State and Zip Code	e			
LAUGHTOLIN	'EALF@GMAIL.C	ОМ				
E-m	ail address: (to be us	sed for future annual report	notification)			
For further information concern	ng this matter, pleas	se call:				
ADALBERTO ABREU		at (<u>305</u>	7465036			
Name of Contact	Person	Area Co	de & Daytime Telephone Number			
Enclosed is a check for the follo	wing amount made	payable to the Florida Depa	artment of State:			
	3.75 Filing Fee & rtificate 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		Amend Divisio Clifton	Address Iment Section on of Corporations Building executive Center Circle			

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

i	I A	LIGI	.1 1	$^{\circ}$	113.	r C	A I	r.	INC

LAUGH TO LIVE ALF INC				
(Name o	of Corporation as curre	ntly filed with the Flor	ida Dept. of State)	
P19000018300				
	(Document Number	r of Corporation (if knov	vn)	
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, th	nis <i>Florida Profit Corpo</i>	ration adopts the following	g amendment(s) to
A. If amending name, enter the new na	ame of the corporation:			
N/A				The new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or	r "Co". A professionai n "P.A."		_ bbreviation
B. Enter new principal office address,	if applicable:	N/A		
(Principal office address MUST BE A S	TREET ADDRESS)		\$3.5	18 E
		-	1 1 1 - 1	量 0
			- <u>- </u>	
C. Enter new mailing address, if apple		N/A	REC	08
(Mailing address MAY BE A POST	OFFICE BOX)			
D. If amending the registered agent an new registered agent and/or the new			the name of the	
	N/A	<u> </u>		
Name of New Registered Agent				-
	8636 SW 207 TERRAC			-
		street address)	22100	
New Registered Office Address:	CUTLER BAY	.	, Florida	
		(City)	(Zip G	Code)
New Registered Agent's Signature, if c	hanging Registered Age	ent:		
I hereby accept the appointment as regist	tered agent. I am familio	ar with and accept the o	bligations of the position.	
	Obser			_
	Signature of Nev	w Registered Agent, if ch	nanging	

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:	e, ana Sai	uy Smun, Sv as an Ada.	
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)	<u>Title</u>	<u>Name</u>	Address
1) Change	VP	ELISA LEYVA	8635 SW 207 TERRACE
X Add			CUTLER BAY FL 33189
Remove			· · · · · · · · · · · · · · · · · · ·
2) Change			~~+***
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Artic (Attach additional sheets, if necessary).	(Be specific)
'A	
	·
	
	
	
If an amendment provides for an excha	ange, reclassification, or cancellation of issued shares,
provisions for implementing the amen	idment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
	- · · · · · · · · · · · · · · · · · · ·
, <u>.</u>	
W	

	t(s) adoption:	, if other than the
date this document was signed		
Effective date if applicable:	07/15/2019	
**************************************	(no more than 90 days after amendment file date)	
	this block does not meet the applicable statutory filing requirements, this che Department of State's records.	late will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
	ere adopted by the shareholders. The number of votes cast for the amendment rere sufficient for approval.	(s)
☐ The amendment(s) was/we must be separately provid	ere approved by the shareholders through voting groups. The following states, led for each voting group entitled to vote separately on the amendment(s):	nent
"The number of vote	s cast for the amendment(s) was/were sufficient for approval	
by		
· · · · · · · · · · · · · · · · · · ·	(voting group)	
☐ The amendment(s) was/we action was not required.	ere adopted by the board of directors without shareholder action and sharehol	der
The amendment(s) was/we action was not required.	ere adopted by the incorporators without shareholder action and shareholder	
	5/2019	
DatedSignature_0	alamou	
\$	By a director, president or other officer – if directors or officers have not bee selected, by an incorporator – if in the hands of a receiver, trustee, or other coappointed fiduciary by that fiduciary)	
	ADALBERTO ABREU	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	