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Cuerby Juscph.

Pluse return to: 5654 Kimberton way LAKE WORTH , FC. 33463,

## **COVER LETTER**

**TO**: Amendment Section Division of Corporations

NAME OF CORPORATION: LIVE Fore	wer Enterprises Corporat	ion
DOCUMENT NUMBER: P \ eq 0 00	1027956	<del></del>
The enclosed Articles of Amendment and fee are sub	omitted for tiling.	
Please return all correspondence concerning this matt	ter to the following:	
	by Joseph Name of Contact Person	
	reser Enterprises Corpor	<u>ation</u>
	Hairston rd Address	
	GA 30035 City/ State and Zip Code	
E-mail address: (to be use	ed for future annual report notification)	
For further information concerning this matter, please	e call:	
Name of Contact Person	at (56) 275 -30 Area Code & Daytime Teleph	one Number
Enclosed is a check for the following amount made p		7
☐ \$35 Filing Fee	Certified Copy (Additional copy is enclosed)  S52.50 Filing Fe Certificate of Sta Certified Copy (Additional Copy is enclosed)	tus = 1
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, S	

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation αf

Live Forever	Enterprise	s C	orpora	tion		
(Name of	Corporation as currently	filed with t	he Florida De	pt. of State)		
1	P19000022956	,				
	(Document Number of C		(if known)		·	<del></del>
Pursuant to the provisions of section 607.10 its Articles of Incorporation:	006. Florida Statutes, this <i>Fl</i>	lorida Profi	it Corporation	adopts the foll	owing amendn	ient(s) to
A. If amending name, enter the new nam	ne of the corporation:					
Live Foreve	r Inc				The ne	'N'
name must be distinguishable and contain the "Inc.," or Co.," or the designation "Con" chartered," "professional association," o	ne word "corporation," "co. rp," "Inc," or "Co". A <sub>i</sub>	mpany," or professiona	"incorporated d corporation	l" or the abbre name must co	viation "Corp., ontain the wor	 ·d
B. Enter new principal office address, if (Principal office address <u>MUST BE A STE</u>						
C. Enter new mailing address, if applica (Mailing address <u>MAY BE A POST Of</u>						
D. If amending the registered agent and/ new registered agent and/or the new i		<u>ss in Florid</u>	la, enter the n	ame of the		
Name of New Registered Agent						<del>ر</del> در رو
						ب ن∕.
<del>-</del>	(Florida strev	rt address)		· · · · · · · · · · · · · · · · · · ·	·.	<u>.                                    </u>
New Registered Office Address:				Florida		#
	(C	Ľiţy)			(Zip Code)	
New Registered Agent's Signature, if cha I hereby accept the appointment as register		th and acce	opt the obligation	ons of the posit	•	1: 45
	Signature of New Reg					

Check if applicable

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

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>	<u>John Doe</u>	
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) Change		_	
Add			
Remove			
2) Change			
Add			
Remove 3 ) Change		_	
Add			
Remove			
4) Change		<u> </u>	- F
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Articles, enter change(s) here:  Attach additional sheets, if necessary). (Be specific)	
that had moral ancess, if necessary, the specific	
· · · · · · · · · · · · · · · · · · ·	
f an amendment provides for an exchange, reclassification, or cancell	ation of issued shares,
provisions for implementing the amendment if not contained in the a (if not applicable, indicate N/A)	menoment usen:
	<del></del>

The date of each amendment(s) adopt date this document was signed.	ion:	, if other than the
Effective date if applicable:	6/20/23	dment file date)
Note: If the date inserted in this block document's effective date on the Depart		ing requirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were adopted action was not required.	d by the incorporators, or board of directors	without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the shareholders was/were sufficient	I by the shareholders. The number of votes ient for approval.	east for the amendment(s)
	ed by the shareholders through voting group h voting group entitled to vote separately o	
"The number of votes cast for t	the amendment(s) was/were sufficient for a	pproval
by	(voting group)	
Signature(By a direct selected, by	or, president or other officer – if directors of an incorporator – if in the hands of a recei	or officers have not been ver, trustee, or other court
appointed f	iduciary by that fiduciary)	•
	(Typed or printed name of person si	gning)
	(Title of person signing)	5803 Sci 14 i