P190000026176

(Red	questor's Name)	
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(City	//State/Zip/Phone	e #)
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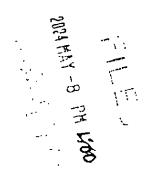
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A. RAMSEY

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: Eternal Life Servic	res Corp				
DOCUMENT NUMB	P19000026176					
The enclosed Articles of	of Amendment and fee are sul	bmitted for filing.				
Please return all corres	pondence concerning this mat	tter to the following:				
	Nelson Ferrod					
-	Name of Contact Person					
	Eternal Life Services Corp					
-	Firm/ Company					
	7925 NW 12TH ST Suite 101					
-	Address					
	Miami, FL 33126					
-		City/ State and Zip Code				
	N	elsonr@eternalifeservices.c	con			
-	E-mail address: (to be us	ed for future annual report	notification)			
For further information	concerning this matter, pleas	e call:				
Nelson Ferrod		at (_)			
Name o	f Contact Person	Area Coc	le & Daytime Telephone Number			
Enclosed is a check for	the following amount made p	payable to the Florida Depa	rtment of State:			
□ \$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		Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street. Suite 810				

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

FILED 2024 FAY -8 PM 1: OU

Eternal Life Services Corp

Check if applicable

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

(Name of Corporation	on as currently filed with the F	lorida Dept. of State)
P19000026176		: ' :
(Docum	ent Number of Corporation (if k	nown)
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	Statutes, this Florida Profit Co.	rporation adopts the following amendment(s)
A. If amending name, enter the new name of the co	rporation:	
		The new
name must be distinguishable and contain the word "co "Inc.," or Co.," or the designation "Corp." "Inc," "chartered," "professional association," or the abbrev	or "Co". A professional con	
3. Enter new principal office address, if applicable:		
Principal office address <u>MUST BE A STREET ADD</u>	RESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO)	\^)	
(maining damess <u>BFAT BE A TOST OF FIGE BO</u>	<u> </u>	
	<u> </u>	
 If amending the registered agent and/or register new registered agent and/or the new registered or 		nter the name of the
Name of New Registered Agent		
	(Florida street address)	
New Registered Office Address:		Florida
	(Ciņy	(Zip Code)
New Registered Agent's Signature, if changing Regi	istered Agent:	
hereby accept the appointment as registered agent.	l am familiar with and accept th	e obligations of the position.
	ture of New Registered Agent, if	Changing
<u>.</u>	, is G. 13	

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>b.l.</u>	John Doe			
X Remove	<u>v</u>	Mike Jone	<u>25</u>		
X Add	<u>sv</u>	Sally Smit	t <u>h</u>		
Type of Action (Check One)	<u>Title</u>	7	<u>lame</u>		<u>Addres</u> s
1) Change	V	(Gustavo A. Rodriguez		7925 NW 12TH ST Suite101
X Add				_	Miami, FL 33126
Remove					
2) Change				_	
Add					
Remove 3) Change				_	
Add					
Remove					
4) Change					
Add		 -		_	
Remove					
5) Change				_	
Add					
Remove					
6) Change					
Add		_		_	
Perrove					

(Attach additional sheets, if necessary). (Be specific)	
'A	

	·
	
If an amendment provides for an exchange, reclassification, or cancellation of issued share	
provisions for implementing the amendment if not contained in the amendment itself:	<u>**</u>
provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)	
N/A	
	

	05/02/2024		
The date of each amendment(s)	adoption:		, if other than the
late this document was signed.			
05 	5/02/2024		
ance in approximate.	(no more than 90	0 days after amendment file date)	
Note: If the date inserted in this document's effective date on the I		cable statutory filing requirements, this	date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)		
The amendment(s) was/were action was not required.	dopted by the incorporators, or b	board of directors without shareholder a	ction and shareholder
☐ The amendment(s) was/were action by the shareholders was/were		e number of votes cast for the amendme	nt(s)
· · · · · · · · · · · · · · · · · · ·		ough voting groups. The following state vote separately on the amendment(s):	ement
"The number of votes cas	st for the amendment(s) was/wer	re sufficient for approval	
by		<u></u>	
<u> </u>	(voting group)	 ,	
Dated			
-	-1		
Signature	feeling procedure of other atte	cer – if directors or officers have not bee	
` •	/ / /	e hands of a receiver, trustee, or other co	
	nted fiduciary by that fiduciary)		
	Nelson Ferrod		
			
	(Typed or printed i	name of person signing)	
	President		

(Title of person signing)