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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	Udzinit ATION:			
	84-2048028 ER:			
The enclosed Articles	of Amendment and fee are su	bmitted for filing.		
Please return all corres	pondence concerning this ma	tter to the following:		
	Lou Ann Weeks			
	Udzinit	Name of Contact Perso	n	
•	8253 Breeze Cove Lane	Firm/ Company		
•	Orlando, FL 3 <b>2</b> 819	Address		
		City/ State and Zip Cod	c	
	lweeks@customlifeusa.com			
	E-mail address: (to be us	sed for future annual report	notification)	
For further information	a concerning this matter, pleas	se call:		
Lou Ann Weeks		833 at (	450-3946	
Name of Contact Person		Area Code & Daytime Telephone Number		
Enclosed is a check for	the following amount made	payable to the Florida Dep	artment of State:	
S35 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

	ot		
UDZINIT, INC.			
(Name of Corporation as curr	ently filed with the Florida Dept. of State)		
P19000051788			
(Document Numb	per of Corporation (if known)		
Pursuant to the provisions of section 607,1006, Florida Statutes, its Articles of Incorporation:	this Florida Profit Corporation adopts the fol-	lowing amendme	nt(s) to
A. If amending name, enter the new name of the corporation Custom Life USA, Inc.	<u>ı:</u>	The new	
name must be distinguishable and contain the word "corporation "Inc.," or Co.," or the designation "Corp," "Inc," or "Co" "chartered," "professional association," or the abbreviation "F	". A professional corporation name must c	viation "Corp.," ontain the word	•
B. Enter new principal office address, if applicable:		<u> </u>	
(Principal office address <u>MUST BE A STREET ADDRESS</u> )		20 311	
		- 2	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		PH	•
(mutuig dataess <u>mat be a two tot tice boa</u> )		<del></del>	
		<u> </u>	
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office add			
Name of New Registered Agent		<del></del>	
(Floria	la street address)		
New Registered Office Address:	, Florida		
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing Registered Agent	pent.		
I hereby accept the appointment as registered agent. I am famil		tion.	

Signature of New Registered Agent, if changing

Check if applicable

<sup>☐</sup> 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.

Example: X Change	<u>PT</u>	John Do	<u>c</u>	
X Remove	<u>V</u>	Mike Jo	<u>nes</u>	
X Add	<u>sv</u>	Sally Sn	nith	
Type of Action (Check One)	Title		Name	<u>Addres</u> s
1) Change				
Add				
Remove				
2) Change		<u> </u>	- <u></u>	· · · · · · · · · · · · · · · · · · ·
Add				
Remove 3 ) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change	~~	<del></del>		
Add				
Remove				
6) Change				
Add				
Remove				
Kemove				

Attach additiona	idding additional Ai I sheets, if necessary)	). (Be specific)	· <del>_</del> ··			
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f an amendmer	t provides for an ex	change, reclassi	fication, or car	<u>icellation of issu</u>	ed shares,	
provisions for i	mplementing the an	nendment if not	contained in the	<u>he amendment i</u>	<u>tself:</u>	
( <i>y not app</i> ii /A	cahle, indicate N/A)					
	<u></u>			<del></del>		
	· <del>-</del>				· · · · · · · · · · · · · · · · · · ·	
		<u></u>		-		

The date of each amendment(s) adoption:date this document was signed.	, 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 document's effective date on the Department of State's records.	date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action was not required.	ction and shareholder
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment by the shareholders was/were sufficient for approval.	11(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following state must be separately provided for each voting group entitled to vote separately on the amendment(s):	ment
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
Dated 7/20/30	
Signature Timanweeko	<del></del>
(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)	·uπ
LOV ANN Weeks	
(Typed or printed name of person signing)	
VP	
(Title of person signing)	