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2020 FF2 -4 PH 5: 29

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COVER LETTER

TO: Amendment Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations
NAME OF CORPORATION: Better You, Better Tomorrow Online Counseling, Inc
DOCUMENT NUMBER: P2000000551
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
DR LILIANA L. Uribe Name of Contact Person
Better You, Better Tomorrow, Online Counseling, Inc
1530 SW 150th ave
MIGNIFL 33194 City/ State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
TOR Liliana L. Uribic at (305) 397 4031 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:
S35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) \$43.75 Filing Fee & S52.50 Filing Fee Certified Copy (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

Articles of Amendment to Articles of Incorporation of

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2020 FET -4 PH 5: 29

	urrently filed with the Florida Dept. of State)
Betler You, Better Toma	umber of Corporation (if known)
(Document Nu	imber of Corporation (if known)
	es, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporat	tion:
	N/A The new
name must be distinguishable and contain the word "corporate "Inc.," or Co.," or the designation "Corp." "Inc," or "Chartered," "professional association," or the abbreviation	tion," "company," or "incorporated" or the abbreviation "Corp.," Co". A professional corporation name must contain the word
B. Enter new principal office address, if applicable:	N/A
(Principal office address MUST BE A STREET ADDRESS	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NJA
D. If amending the registered agent and/or registered office and/or the new registered office a	
Name of New Registered Agent	N/A
(Fl	orida street address)
New Registered Office Address:	N/A, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered	d Agent:
I hereby accept the appointment as registered agent. I am fa	miliar with and accept the obligations of the position.
Signature o	of New Registered Agent, if changing
- 1,2,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1	

Check if applicable

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

Example:

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	PT John I	Joc	
X Remove	<u>V</u> <u>Mike</u>	<u>Jones</u>	
X Add	SV Sally	<u>Smith</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) 🔀 Change	CEO	De Liliana L. Uribe	13217 SW 974 Lane
Add			MIGMI FL 33184
Remove			
2) Change	<u>P</u>	DR. Liliana L. Liribe	1530 SCU 150 ave
X Add			MICIMI FL 33194
Remove 3) Kennove Change	<u>CEO</u>	Mayelin Movales	1530 SLU 150th ave
Add			MIAMI FL 33194
Remove	,		
4) Change		Mayelin Morales	1530 SW 150 marc
X Add			MIAMI FL 33194
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

attach additional sheets, if necessary).	
	NIA
	10/11
	<u> </u>
	
	
For amondment monidus for an avak	hange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	municut II not contained in the amendment usen.
(if not approxime, marcine 1971)	. 1 ^
	NIA
-	
	
	

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable: 0\29\2020	
(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 document's effective date on the Department of State's records.	I 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 and action was not required.	I sharcholder
☐ The amendment(s) was/were adopted by the shareholders. The number of votes east 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	
by" (voting group)	
(voting group)	
Signature (By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court	
appointed fiduciary by that fiduciary)	
(Typed or printed name of person signing)	
(Title of person signing)	
(Title of person signing)	