P20000 16430

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: Kolmar Transforma	ational Life, Inc.	
DOCUMENT NUM	BER:	<u>.</u>	
	of Amendment and fee are su	bmitted for filing.	
Please return all corre	espondence concerning this ma	tter to the following:	
	Elaine Komar		
		Name of Contact Persor	1
	-	Firm/ Company	
	210 Seventy-First Street, Suit	te 307	
		Address	
	Miami Beach, Florida 33141		
		City/ State and Zip Code	
	stacy@elyseinc.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further information	on concerning this matter, pleas	se call:	
Elaine Kolmar		954 at (de & Daytime Telephone Number
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment of State:
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Am Div P.C	illing Address tendment Section vision of Corporations b. Box 6327 lahassee, FL 32314	Amend Divisio The C	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

- -

Kolmar Transformational Life, Inc.	2020 H.C. 23 PH 12: 40
(Name of Corporation	on as currently filed with the Florida Dept. of State)
P20000016430	
(Docum	nent Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following amendment(s) to
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 abbre	rporation," "company," or "incorporated" or the abbreviation "Corp.," or "Co". A professional corporation name must contain the word
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADD	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>X</u>)
D. If amending the registered agent and/or register	red office address in Florida, enter the name of the
new registered agent and/or the new registered	
Name of New Registered Agent	
9	
	(Florida street address)
New Registered Office Address:	, Florida
Hen Registered Office Humesa.	(City) (Zip Code)
_	
New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agent.	istered Agent: I am familiar with and accept the obligations of the position.
0	
	f. N D i.e d. t if alamais
Signo	tture of New Registered Agent, if changing

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)

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	<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	P	Elaine Kolmar	210 Seventy-First Street, Suite 30
X Add			Miami Beach, Florida 33141
Remove			
2) Change			
Add			
Remove Change	···		
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
.	
f an amendment provides for an exch	nange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	nument if not contained in the amendment itself:

.

The date of each amendment(s) date this document was signed.	adoption:	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)
Note: If the date inserted in this document's effective date on the I	block does not meet the applicable statutory filing requirement Department of State's records.	its, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/were action was not required.	dopted by the incorporators, or board of directors without sharely	nolder action and shareholder
☐ The amendment(s) was/were ac by the shareholders was/were:	dopted by the shareholders. The number of votes east for the arr sufficient for approval.	nendment(s)
	pproved by the shareholders through voting groups. The following each voting group entitled to vote separately on the amendment	
"The number of votes cas	st for the amendment(s) was/were sufficient for approval	
ьу		
	(voting group)	
3/13/2020 Dated Signature	One	
select	director president or other officer – if directors or officers have ed, by an incorporator – if in the hands of a receiver, trustee, or nted fiduciary by that fiduciary)	
	Elaine Kolmar	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	

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