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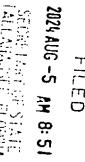
(Requestor's Name)
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(Address)
(1333)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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COVER LETTER

TO: Amendment Section Division of Corporations

. · · · ·

NAME OF CORPOR	RATION: PHOENIX GLOB/	AL WELLNESS, INC.			
DOCUMENT NUMBER: P20000056465					
The enclosed Articles of Amendment and fee are submitted for filing.					
Please return all corre	spondence concerning this mat	ter to the following:			
	SHARON E. ROUTLEDGE				
	Name of Contact Person				
	PHOENIX GLOBAL WELLNESS, INC.				
	Firm/ Company				
	370 JUNIPER LAKE ROAD				
	Address				
	DEFUNIAK SPRINGS, FL 32433				
	City/ State and Zip Code				
	EAGLESTAAR@AOL.COM				
	E-mail address: (to be us	ed for future annual report	notification)		
For further information SHARON E. ROUTI	on concerning this matter, pleas	407	3805 Jan		
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	■\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 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

*

(Name of Corporation as current	tly filed with the Florida Deot. of	State)
20000056465	Ty med with the Thornton Dept. or	······································
	of Corporation (if known)	
	·	
Pursuant to the provisions of section 607,1006, Florida Statutes, this articles of Incorporation:	s <i>Florida Profit Corporation</i> adopt	is the following amendment(s) t
A. If amending name, enter the new name of the corporation:		
		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 "P.A.	A professional corporation name	the abbreviation "Corp.,"
3. Enter new principal office address, if applicable:	370 JUNIPER LAKE ROAD	
Principal office address MUST BE A STREET ADDRESS)	DEFUNIAK SPRINGS, FL. 32433	
2. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	370-JUNIPER-LAKE ROAD	- Po Boy 746
3	DEFUNIAKISPRINGS, FE 32	2433 De Finiak Sp
		FL 30
		11 30
). If amending the registered agent and/or registered office add		of the
new registered agent and/or the new registered office address	<u>is:</u>	124
Name of New Registered Agent		<u>- ≥3 </u>
370 JUNIPER LAKE RO	DAD	
(Florida s	treet address)	Fig III
		_::::33:3 즉 □
New Registered Office Address:	. FI	lorida - C
<u>New Registered Office Address:</u> DEFUNIAK SPRINGS.	, FI	lorida O. Salvin (Market)

☐ 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 Doc 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</u>	ı Doe	
X Remove	<u>V</u> <u>Mike Jones</u>		
X Add	<u>SV</u> <u>Sall</u>	y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) X Change	Р	SHARON E. ROUTLEDGE	370 JUNIPER LAKE ROAD
Add			DEFUNIAK SPRINGS, FL 32433
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5)Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific) F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)

3 4 3 3 4 4

07/01/2024 , if other than the The date of each amendment(s) adoption: _ date this document was signed. 08/01/2024 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 date will not be listed as the document's effective date on the Department of State's records. (CHECK ONE) Adoption of Amendment(s) The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required. ☐ 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 east for the amendment(s) was/were sufficient for approval (voting group) 07/22/2024 Dated Signatur Thy 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)

SHARON E. ROUTLEDGE

PRESIDENT

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: PHOENIX GLOBA	AL WELLNESS, INC.					
DOCUMENT NUMBER: P20000056465							
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	City/ State and Zip Code						
	EAGLESTAAR@AOL.COM	1					
	E-mail address: (to be us	sed for future annual report	notification)				
For further information	on concerning this matter, pleas	se call:	\sim				
SHARON E. ROUTLEDGE		407-3230 3805 Chr					
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Tallahassee, FL 32303

