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COVER LETTER

TO: Amendment Section Division of Corporations

.

NAME OF CORPOR	ATION: MEJORATUVIDA	AMAKEYOURLIFEBETT	ER. INC	
DOCUMENT NUMB				
	of Amendment and fee are su	bmitted for filing.		
Please return all corres	pondence concerning this ma	tter to the following:		
		Rosa M Perez Diaz		
-	Name of Contact Person			
	MEJORATU	VIDAMAKEYOURLIFE	KEYOURLIFEBETTER. INC	
-	Firm/ Company			
	207 SANDALWOOD DR			
	Address			
_	KISSIMMEE FL 34743			
		City/ State and Zip Cod	e	
	rosmar	1550@gmail.com		
-	E-mail address: (to be us	sed for future annual report	notification)	
For further information	concerning this matter, pleas	se call:		
Rosa	a M Perez Diaz	754	_) 245 7053	
Name o	f Contact Person		de & 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	S43.75 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		Amend Divisio The Co 2415 N	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303	

Articles of Amendment to Articles of Incorporation of

MEJORATUVIDAMAKEYOURLIFEBETTER. INC

(Name)	of Corporation as currently	y filed with the Florida Dept. of State)	
	P20000	081906	
	(Document Number of	Corporation (if known)	
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, this a	Florida Profit Corporation adopts the following a	amendment(s) to
A. If amending name, enter the new n	ame of the corporation:		
		7	the new
name must be distinguishable and contain "Inc.," or Co.," or the designation "Contrartered," "professional association,"	Corp," "Inc," or "Co". A	ompany," or "incorporated" or the abbreviation professional corporation name must contain	"Corp.," the word
B. Enter new principal office address,	if applicable:	Rosa M Perez Diaz	
Principal office address MUST BE A STREET ADDRESS)		207 Sandalwood dr, Kissimmee Fl 34743	
C. Enter new mailing address, if appl (Mailing address MAY BE A POST			
D. If amending the registered agent an			
new registered agent and/or the new	u 1		
Name of New Registered Agent	Rosa M Perez Diaz		
	(Florida stre 207 Sandalwood dr Kissim	*	
New Registered Office Address:		City) Florida (Zip Col	2 <u></u>
		(any con	
Now Danietarnd Agant's Signature if a	hanging Dogistared Agents		H 30
New Registered Agent's Signature, if c I hereby accept the appointment as regist		ith and accept the obligations of the position.	0 PM 2: 52
	Signature of New Je	gistered 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)

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>9e</u>	
X Remove	<u>V</u>	Mike Jo	nes	
X Add	<u>SV</u>	Sally Sr	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) X Change	INC	_	MEJORATUVIDAMAKEYOURLIF	207 Sandalwood dr kissimmee
Add				fl 34743
Remove 2)Change	P		Rosa M Perez Diaz	207 Sandalwood dr Kissimmee
X Add				FI 34743
Remove 3) 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)
-	
	11-47- ₇
If an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
,	
	

. . .

	October , 28 of 2020	
The date of each amendment late this document was signed		, if other than the
•	October 20 of 2020	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
	(no more than 20 days after amenament file date)	
	this block does not meet the applicable statutory filing requirements, this date with Department of State's records.	ill not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/wer action was not required.	re adopted by the incorporators, or board of directors without shareholder action ar	nd shareholder
The amendment(s) was/wer by the shareholders was/we	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.	
	re approved by the shareholders through voting groups. The following statement ed for each voting group entitled to vote separately on the amendment(s):	
	s cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
Dated		
	$\overline{\bigcirc}$	
Signature	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
(B ₂	by a director, president or other officer – if directors or officers have not been	
	elected, by an incorporator – if in the hands of a receiver, trustee, or other court popointed fiduciary by that fiduciary)	
	Rosa M Perez Diaz	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	
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