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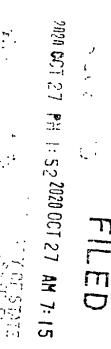
| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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Office Use Only



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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

| ife Time Health | Solustions Inc | | | |
|-----------------|----------------|------|-------------|--------------------------------|
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| | | | | |
| | | | | Art of Inc. File |
| | | | | LTD Partnership File |
| | | | | Foreign Corp. File |
| | | | | L.C. File |
| | | | | Fictitious Name File |
| | | | | Trade/Service Mark |
| | | | | Merger File |
| | | } | | Art. of Amend. File |
| | | 1 | | RA Resignation |
| | | | | Dissolution / Withdrawal |
| | | | | Annual Report / Reinstatement |
| | | | | Cert. Copy |
| | | | | Photo Copy |
| | | | | Certificate of Good Standing |
| | | | | Certificate of Status |
| | | | | Certificate of Fictitious Name |
| | | | | Corp Record Search |
| | | | | Officer Search |
| | | | | Fictitious Search |
| Signature | | | | Fictitious Owner Search |
| | | | | Vehicle Search |
| | | | | Driving Record |
| Requested by: | | | | UCC 1 or 3 File |
| Name | Date | Time | | UCC 11 Search |
| ivanic | Date | Time | | UCC 11 Retrieval |
| Walk-In | Will Pick Up | | | Courier |

COVER LETTER

TO: Amendment Section

Division of Corporations NAME OF CORPORATION: Lifetime Health Solution I INC.

DOCUMENT NUMBER: P20000082332 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Dylan OSullivan

Name of Contact Person

Lifetime Health Solution's Tive

Firm' Company

5499 N. Federal Hwy

Address

Boen Raton, FL 33487

City' State and Zip Code Dylanmasullivan@gnail.com
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Dylan Os-llivan at 954, 9807623

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 & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Street Address Mailing Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee Taliahassee, FL 32314 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Articles of Amendment

Articles of Incorporation

| | Corporation as currently filed wi | in the Florida Dept. of State |) |
|---|---|---------------------------------|-----------------------|
| P2000000 | 89339 | | |
| | (Document Number of Corporat | ion (if known) | |
| Pursuant to the provisions of section 607.1 ts Articles of Incorporation: | 006, Florida Statutes, this <i>Florida Pa</i> | rofit Corporation adopts the fi | ollowing amendment(s) |
| A. If amending name, enter the new na | ne of the corporation: | | |
| | | | The new |
| name must be distinguishable and contain i "Inc.," or Co.," or the designation "Co "chartered," "professional association," o | orp," "Inc," or "Co". A profession | | |
| B. <u>Enter new principal office address, i</u> Principal office address <u>MUST BE A ST</u> | | | |
| | | | |
| | - that | | |
| C. Enter new mailing address, if applic (Mailing address MAY BE A POST O | | | |
| · · · · · · · · · · · · · · · · · · · | | | 202 (|
| | | | |
| | | | 5 |
| | | | 007.2 |
| D. If amending the registered agent and new registered agent and/or the new | | orida, enter the name of the | 0CT 27 |
| new registered agent and/or the new | registered office address: | - | 2020 OCT 27 AM |
| new registered agent and/or the new | registered office address: Dylan OSullivan | | OC 27 AM 7: 1 |
| new registered agent and/or the new Name of New Registered Agent | registered office address: Dylan OSullivan 11260 NW 52 St. (Florida street address | , | AH 7: 15 |
| new registered agent and/or the new Name of New Registered Agent | registered office address: Dylan OSullivan | , | AH 7: 1 |

Signature of New Registered Agent, if changing

Check if applicable

 \square 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 = ChiefExecutive 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> | <u>John Doc</u> | |
|-------------------------------|-----------|-----------------------|---------------------------------------|
| X Remove | <u>V</u> | Mike Jones | |
| X Add | <u>sv</u> | Sally Smith | |
| Type of Action (Check One) | Title | Name | <u>Addres</u> s |
| 1) Change | <u> P</u> | Luke Landgraf-Kimball | 5499 N Federal Hwy suite I |
| Add | | | Buch Ratur FL. 3148 7 |
| Remove | | | |
| 2) 🚣 Change | | | |
| Add | | | · · · · · · · · · · · · · · · · · · · |
| Remove Change | VP | Dylan USulliran | 2020 OCT |
| Add | | | 2 |
| Remove | _ | | - - √ 65 7 1 |
| 4) Change | P | Dylan Osullivan | |
| Add | | | 7: 15 |
| Remove | | | |
| 5) Change | | | |
| Add | | | |
| Remove | | | |
| 6) Change | | | |
| Add | | | |
| Remove | | | |

| (Attach additional sheets, if necessary). (Be specific) | |
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| Managed and the second | <i>\(\sigma\)</i> ™ |
| 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: | SC |
| (if not applicable, indicate N/A) | ੁੱ`'ਹਨ ਜਾਵਜ਼ |
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| The date of each amendment(s) adoption: 10/26/20 10/26/20 Effective date if applicable: 10/26/20 Ino 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. |
|--|
| 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. |
| 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. |
| document's effective date on the Department of State's records. |
| Adams of the contract of the c |
| Adoption of Amendment(s) (CHECK ONE) |
| 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 cast 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 |
| "The number of votes cast for the amendment(s) was/were sufficient for approval |
| by Lifetime Health Solution (Inc. " Voling group) |
| (voting group) |
| 12/20 4 Sign 3 U |
| Dated_10/26/20 |
| Signature Signature |
| (By a director prosident 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) |
| Dylan Osulivan |
| (Typed or printed name of person signing) |
| President |
| (Title of person signing) |

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