P21000041451

(Req	uestor's Name)	
(Add	ress)	-
(Add	ress)	
(City	/State/Zip/Phone	= #)
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(Doc	ument Number)	
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A. RIVERS
JAN 2 8 2022



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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: Mod Life Supplies	Corporation				
DOCUMENT NUMI						
The enclosed Articles	of Amendment and fee are sul	omitted for filing.				
Please return all corre	spondence concerning this mat	ter to the following:				
	Michael Crea					
	Name of Contact Person					
	Mod Life Supplies					
	Firm/ Company					
	2153 Siesta Dr.					
		Address				
	Sarasota, FL 34239					
		City/ State and Zip Code				
	mod.life@ymail.com					
	E-mail address: (to be us	ed for future annual report	notification)			
For further informatio	n concerning this matter, pleas	se call:				
Michael Crea		at (<u>941</u>	378-0914			
Name	of Contact Person		de & Daytime Telephone Number			
Enclosed is a check for	r the following amount made	payable to the Florida Depa	ortment of State:			
\$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	☐\$43.75 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 ment Section n of Corporations entre of Tallahassee J. Monroe Street, Suite 810 essee, FL 32303			

Articles of Amendment to Articles of Incorporation

Mod Life Supplies Corporation

(Name of Corporation	on as currently filed with the Florida Dept. of State)
P21000041451	
(Docum	nent Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation;	a Statutes, this Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the co	orporation:
Earthrise Enterprises Inc.	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	orporation," "company," or "incorporated" or the abbreviation "Corp.," " or "Co". A professional corporation name must contain the word eviation "P.A."
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></u>
D. If amending the registered agent and/or register new registered agent and/or the new registered	
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	, Florida , Florida
	(City) (Zip*Orde)
New Registered Agent's Signature, if changing Reg	gistered Agent:
i nercoy accept the appointment as registered agent.	I am familiar with and accept the obligations of the position.
Sign	ature of New Registered Agent, if changing

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)

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>	<u>John Do</u>	<u>oc</u>	
X Remove	<u>v</u>	Mike Jo	nes	
<u>X</u> Add	<u>sv</u>	Sally So	nit <u>h</u>	
Type of Action (Check One)	Title		<u>Name</u>	Address
1) Change				
Add				
Remove				
2) Change		_		
Add				
Remove 3) Change		_		
Add				
Remove				
4) Change				
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change				
Add				
Remove				

	nding or adding additional A additional sheets, if necessary). (Be specific)			
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lan:	mendment provides for an e sions for implementing the a	xchange, reclassifica	tion, or cancellation	of issued shares,	
bios.	if not applicable, indicate N/A	<u>menument not cor</u>	itamed in the amend	ment fisen.	
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The date of each amendment(s date this document was signed.) adoption:	, if other than the
-	/6/2022	
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in thi document's effective date on the	is block does not meet the applicable statutory filing requirements, this date Department of State's records.	will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were action was not required.	adopted by the incorporators, or board of directors without shareholder action	and shareholder
☐ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes east for the amendment(s) e sufficient for approval.	
	approved by the shareholders through voting groups. The following statemen for each voting group entitled to vote separately on the amendment(s):	ı
"The number of votes c	ast for the amendment(s) was/were sufficient for approval	
bv		
	(voting group)	
1/6/2023	2	
Dated		
Signature	M. Us	
(By sele	a director, president or other officer – if directors or officers have not been ected, by an incorporator – if in the hands of a receiver, trustee, or other court ointed fiduciary by that fiduciary)	
	Michael Crea	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	