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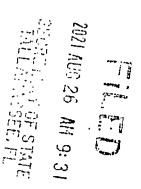
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A. Butter

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Occupational Lifestyle & Wellness, Inc.
DOCUMENT NUMBER: P21 0000 72285
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Name of Contact Person
Occupational Lifestyte & Welines Inc.
312 2314 ST, Apt 214
West Paim Beach FL 33407 City/State and Zip Code
Banks Courtne : 93 @ Cmail · Com E-mail address: (to be used for future armual report notification)
For further information concerning this matter, please call:
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:
\$35 Filing Fee S43.75 Filing Fee & S43.75 Filing Fee & S52.50 Filing Fee Certificate of Status (Additional copy is enclosed) \$36 Filing Fee & S52.50 Filing Fee & Certificate of Status (Additional copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

FILED

			2021 AUG 25 AU G. 99
(Name of	Corporation as currently	filed with the Florida Do	ept. of State)
			THE STATE
	(Document Number of C	Corporation (if known)	77-774 195E, FL
Pursuant to the provisions of section 607.10 its Articles of Incorporation:	006. Florida Statutes, this <i>FI</i>	orida Profit Corporation	adopts the following amendment(
A. If amending name, enter the new nan	<u>ie of the corporation:</u>		
NIA			The new
name must be distinguishable and contain the "Inc.," or Co.," or the designation "Con" chartered," "professional association," o	rp , " "Inc." or "Co". A μ		I" or the abbreviation "Corp ,"
B. Enter new principal office address, if	annlicable:	Ala	
(Principal office address MUST BE A STE			<u> </u>
C. Enter new mailing address, if applica (Mailing address MAY BE A POST OF		- AIA	
D. If amending the registered agent and/ new registered agent and/or the new to Name of New Registered Agent		s in Florida, enter the n	ame of the
		- !!	
	(Florida street	(address)	/0
New Registered Office Address:	N/FY (C)	, tha	Florida
New Registered Agent's Signature, if cha I hereby accept the appointment as registere	nging Registered Agent:	h and accept the obligation	
Check if applicable			
☐ The amendment(s) is/are being filed purs	suant to s. 607.0120 (11) (e)), F.S.	

Attach additio	r adding additional A nal sheets, if necessary	grucies, enter en g (Be specific)	ange(s) here:			
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lf an amendn	ent provides for an e	vchange, reclassi	ification, or car	rcellation of issue	ed shares,	
provisions fo	r implementing the a olicable, indicate N A)	mendment if not	contained in t	ie a <u>me</u> ndment <u>it</u>	self:	
	nicane, macaie s 4) A					
N	l A		. 		 -	
				-		
						
.		 				

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, an 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 = Chic Executive Officer; CFO = Chief Financial Officer. If an officer director holds more than one title, list the first letter of each office hele 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: XChange	PT	John Doe	
X Remove	\underline{Y}	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
i) 2 Change	P	Courney Banks, PD	312 23'd St
<u>✓</u> Add		,	Unit 214
Remove			West Pain Beach, FL 334C
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

The date of each amendment(s) adoption: _date this document was signed.	8 23 2021	, if other than th
Effective date <u>if applicable</u> :	10 more than 90 days after amendment file date)	
Note: If the date inserted in this block does document's effective date on the Department	not meet the applicable statutory filing requirements, thi of State's records.	s date will not be listed as th
Adoption of Amendment(s) (C	CHECK ONE)	
☑ The amendment(s) was/were adopted by th action was not required.	ne incorporators, or board of directors without shareholder	action and shareholder
☐ The amendment(s) was/were adopted by the by the shareholders was/were sufficient for	ne shareholders. The number of votes east for the amendn or approval.	ient(s)
	the shareholders through voting groups. The following standing group entitled to vote separately on the amendment(s):	rtement
"The number of votes cast for the am	endment(s) was/were sufficient for approval	
by		
(ve	oting group)	
Signature (By a director, pre selected, by an in	esident or other officer – if directors or officers have not be corporator – if in the hands of a receiver, trustee, or other ary by that fiduciary)	
арропией поиста	(Typed or printed name of person signing)	
	President / Director (Title of person signing)	