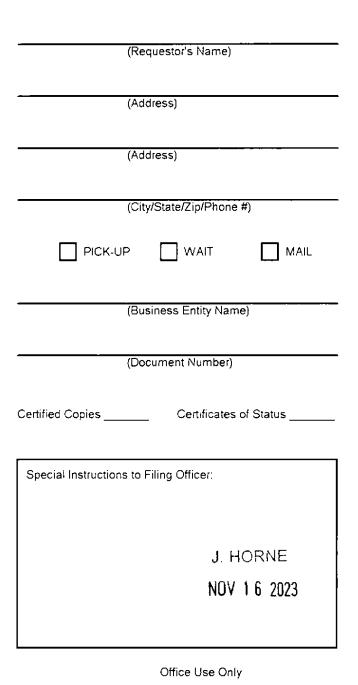
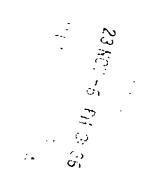
P22000072828





11/06/23--01035--003 **43.75



COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: Life Wellness and	Weight Loss Inc				
DOCUMENT NUMBI		,				
The enclosed Articles of	f Amendment and fee are sul	bmitted for filing.				
Please return all corresp	ondence concerning this ma	tter to the following:				
>	Melissa Escalona					
_	Name of Contact Person					
I	Life Wellness and Weight Loss Inc					
_	Firm/ Company					
1	143(X) SW 74th Street					
-	Address					
A	diami, Florida, 33183					
		City/ State and Zip Cod	ę			
n	melissa@lifetheorymia.com					
-	E-mail address: (to be us	ed for future annual report	notification)			
For further information	concerning this matter, pleas	se call:				
Melissa Escalona		at (305	965-0319			
Name of	Contact Person	Area Co	de & Daytime Telephone Number			
Enclosed is a check for	the following amount made p	payable to the Florida Dep	artment of State:			
□ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 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 A	and the second s	
Articles of In		
of Life Wellness and Weight Loss Inc		
	tly filed with the Florida Dept. of State)	
P22(XXX)72828	ay rate a final site x for the independent of the control of the c	
(Document Number of	of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this ts Articles of Incorporation:	Florida Profit Corporation adopts the following amendment	
A. If amending name, enter the new name of the corporation:		
Life Theory Inc	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 must contain the word	
B. Enter new principal office address, if applicable:	13640 North Kendall Drive	
Principal office address <u>MUST BE A STREET ADDRESS</u>)	#1249	
	Miami, Florida 33186	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	13640 North Kendall Drive	
	#i249	
	Miami, Florida 33186	
 If amending the registered agent and/or registered office addresses registered agent and/or the new registered office addresses 		
Name of New Registered Agent		
(Floreste et	treet address)	
	·	
New Registered Office Address;	(City) , Florida (Zip Code)	
	() () () () () () () () () ()	
New Registered Agent's Signature, if changing Registered Agen hereby accept the appointment as registered agent. I am familiar	<u>t:</u> with and accept the obligations of the position.	
Company of New Y	Registered 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 Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
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			

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
	
- · · · · - · - · · - · · · - · · · · ·	
f an amendment provides for an exch	hange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	endment if not contained in the amendment itself:
- /	,,

.

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	10/31/2023	
The date of each amendment(s	adoption:	, if other than the
date this document was signed.		
	0/31/2023	
Effective date <u>if applicable</u> :		
	(no more than 90 days after umendment file date)	
Note: If the date inserted in thi document's effective date on the	block does not meet the applicable statutory filing requirements. Department of State's records.	, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were action was not required.	dopted by the incorporators, or board of directors without shareho	der action and shareholder
☐ The amendment(s) was/were aby the shareholders was/were	dopted by the shareholders. The number of votes cast for the ame sufficient for approval.	ndment(s)
☐ The amendment(s) was/were a must be separately provided j	pproved by the shareholders through voting groups. The following or each voting group entitled to vote separately on the amendment	z statement (s):
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by	n	
	(voting group)	
10/31/20 Dated Signature		
selec	director president or other officer - if directors or officers have need, by an incorporator - if in the hands of a receiver, trustee, or of inted fiduciary by that fiduciary)	ot been her court
	Melissa Escalona	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	<u> </u>