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	(Requestor's Name)
	(Address)
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	Chi Johnson Tin Tiber - 40
	(City/State/Zip/Phone #)
PICK-UF	WAIT MAIL
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	(Business Entity Name)
	(Danis and Nisahan)
	(Document Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:

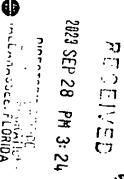
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COVER LETTER

TO: Amendment Section

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

NAME OF CORPORATION: Life SKills Institute Company Nathan's Place
DOCUMENT NUMBER: <u>P23000021157</u>
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Doretha Mc Bride Name of Contact Person Life Skills Institute Company Nathans Place Firm/ Company 509 Milli Hora Lane Address Kissimmer Ja 34759
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Dorethg MCBride at 219 326-5567 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 Certificate of Status Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

Articles of Amendment to

Articles of Incorporation

Life SK,115 1054	
(Name of Corporation as currently	filed with the Florida Dept/of State)
P2300002713	57
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>I</i> its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) t
A. If amending name, enter the new name of the corporation: LIESKIIS INSTITUTE CONTROLL name must be distinguishable and contain the word "corporation," "c "Inc.," or Co.," or the designation "Corp." "Inc." or "Co". A "chartered," "professional association," or the abbreviation "P.A."	1 past y Nathans Pace The new appany, "on "incorporated" or the abbreviation "Corp" professional corporation name must contain the word
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
(Frincipul office undress <u>Stost Br. A STREET ADDRESS</u>)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	F L
D. If amending the registered agent and/or registered office addr new registered agent and/or the new registered office address:	
Name of New Registered Agent	
(Florida str	vet address)
New Registered Office Address:	. Florida(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent, I hereby accept the appointment as registered agent. I am familiar v	
Signature of New Ro	egistered Agent, if changing
Check if applicable ☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (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)

Example:

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.

X Change	PT	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change		<u> </u>	
Add			
Remove			
6) Change			
Add			
Remove			

	icles, enter change(s) here: (Be specific)
	
 	
	
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If an amendment provides for an excl	hange, reclassification, or cancellation of issued shares.
provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

•

The date of each amendment(s) ac	loption:	if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amend	ment file date)
Note: If the date inserted in this b document's effective date on the De	lock does not meet the applicable statutory filing partment of State's records.	g requirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were add action was not required.	opted by the incorporators, or board of directors v	vithout shareholder action and shareholder
☐ The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes of ficient for approval.	ast for the amendment(s)
[] The amendment(s) was/were app must be separately provided for	proved by the shareholders through voting groups each voting group entitled to vote separately on	. The following statement the amendment(s):
"The number of votes cast	for the amendment(s) was/were sufficient for app	proval
by		
····	(voting group)	
Dated	28/33 Welke By Bude irector, president or other officer - if directors or	officers have not been
	d, by an incorporator – if in the hands of a receiv	
appoin	ted fiduciary by that fiduciary)	
	Doretha MCBride (Typed or printed name of person sig	
	(Typed or printed name of person sig	ning)
	President	
	(Title of person signing)	