## P24000017410

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





400437638914

amend





A. RAMSEY 0CT 14 2024

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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

<del></del>		I
GREENLIGHT L	IFE, CORP.	—- <sub> </sub>
Please Debit FCA	000000003 For: 43.75	
Thank you Seth N	eelev	
Stal	·	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
		RA Resignation
		Dissolution / Withdrawal
		Annual Report / Reinstatement
		Сегі. Сору
		Photo Copy
		Certificate of Good Standing
		Certificate of Status
		Certificate of Fictitious Name
		Corp Record Search
1.		Officer Search
A	7/	Fictitious Search
Signature		Fictitious Owner Search
-		Vehicle Search
	- <del> </del>	Driving Record
Requested by:		UCC 1 or 3 File
Name	Date Time	UCC    Search
		UCC II Retneval
Walk-In	Will Pick Up	Courier

## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: GREENLIGHT LI	FE, CORP.		
DOCUMENT NUM	00.1000015.110			
The enclosed Articles	of Amendment and fee are su	bmitted for filing.		
Please return all corre	spondence concerning this ma	tter to the following:		
	MARCOS REZENDE			
	Name of Contact Person			
	CSG - CAPITAL SERVICES GROUP INC			
	Firm/ Company			
	1191 E NEWPORT CENTER DR #103			
	Address			
	DEERFIELD BEACH - FL 33442			
	City/ State and Zip Code			
	CSG@THEWAYGROUP.B	IZ		
	E-mail address: (to be us	sed for future annual report	notification)	
For further information	n concerning this matter, pleas	se call:		
MARCOS		at (		
Name of Contact Person		Area Coo	de & Daytime Telephone Number	
Enclosed is a check for	or the following amount made	payable to the Florida Depa	rtment of State:	
☐ \$35 Filing Fee	S43.75 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		Amend Divisio The Ce 2415 N	Address ment Section n of Corporations entre of Tallahassee J. Monroe Street, Suite 810 ssee, FL 32303	



October 10, 2024

CAPITAL CONNECTION, INC.

TALLAHASSEE, FL 32301

SUBJECT: GREENLIGHT LIFE, CORP.

Ref. Number: P24000017410

We have received your document for GREENLIGHT LIFE, CORP. and the authorization to debit your account in the amount of \$43.75. However, the document has not been filed and is being returned for the following:

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 124A00022435

Annette Ramsey OPS

2021 OCT / PH 3:50

## Articles of Amendment to Articles of Incorporation of

FILED

2024 OCT 11 AM 9: 07

GREENLIGHT LIFE, CORP.			TOTA OCT II HAI 2.01
(Name )	of Corporation as currer	thy filed with the Florid	a Dept. of State). TY IF STATE
	(Document Number	of Corporation (if known	n)
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, the	s Florida Profit Corpora	ntion adopts the following amendment(
A. If amending name, enter the new n	ame of the corporation:		
	_		The new
name must be distinguishable and contain "Inc" or Co.," or the designation "Contracted." "professional association,"	Corp," "Inc," or "Co".	A professional corpora	rated" or the abbreviation "Corp.,"
B. <u>Enter new principal office address,</u> (Principal office address <u>MUST BE A S</u>			
		<del></del>	
C. Enter new mailing address, if appl		•	
(Mailing address MAY BE A POST	OFFICE BOX)		
D. If amounting the soul-tone down			
<li>If amending the registered agent ar new registered agent and/or the new</li>	id/or registered office addre	<u>dress in Florida, enter t ss:</u>	he name of the
Name of New Registered Agent	CSG - CAPITAL SERV	ICES GROUP, INC.	
	1191 E NEWPORT CEN	VTER DR #103	
	(Florida :	treet address)	
New Registered Office Address:	DEERFIELD BEACH		. Florida 33442
		(City)	(Zip Code)
New Registered Agent's Signature, if c	hanging Registered Ager	nt: n	<b>-</b>
l hereby accept the appointment as regist	ered agent. Lam familia	with and accept the obli	gutions of the position.
			·
	Signature of New	Registered Agent, if chan	nging
Chack if applicable	•	- (	~ <del>-</del>

☐ 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>\$V</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	P	Giulia Marisa A. F. L. Moreira	225 NE 15TH TER
Add			BOCA RATON, FL 33432
X Remove			
2) Change	P	Maria Luiza Assuncao F. Guedes	225 NE 15TH TER
X Add			BOCA RATON, FL 33432
Remove 3) Change	<u> </u>		
Add			
Remove			
4) Change		_	
Add			
Remove			
5) Change			
Add			····
Remove			
6) Change			
Add			······································
Remove			

stach additional sheets, if necessary,	). (Be specific)
····	
·····	
f an amendment provides for an exc	change, reclassification, or cancellation of issued shares,
provisions for implementing the am (if not applicable, indicate N/A)	nendment if not contained in the amendment itself:
(ij not applicable, inalcase N/A)	

•

	) adoption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> : _		
	(no more than 90 days after amendment file da	ite)
Note: If the date inserted in thi document's effective date on the	s block does not meet the applicable statutory filing requirem Department of State's records.	ents, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were action was not required.	adopted by the incorporators, or board of directors without shar	eholder action and shareholder
■ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes east for the a sufficient for approval.	imendment(s)
	approved by the shareholders through voting groups. The follow for each voting group entitled to vote separately on the amenda	
"The number of votes c	ast for the amendment(s) was/were sufficient for approval	
by	."	
	(voting group)	
	24.24	
Signature 4		
sele-	a director, president or other officer – if directors or officers have sted, by an incorporator – if in the hands of a receiver, trustee, cointed fiduciary by that fiduciary)	
	GIULIA MARISA A. F. L. MOREIRA	
	(Typed or printed name of person signing)	· · · · · · · · · · · · · · · · · · ·
	President	
	(Title of person signing)	<del> </del>