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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: FEEL LOOK LIV	E BETTER INC	 		
DOCUMENT NUM	P2J000032490				
The enclosed Articles	of Amendment and fee are su	bmitted for filing.			
Please return all corre	espondence concerning this ma	itter to the following:			
	ALAN LOWE				
	, <u></u>	Name of Contact Person	n		
	HEEL LOOK LIVE BETTER INC				
		Firm/ Company			
	265 S FEDERAL HIGHWAY SUITE 231				
	Address				
	DEERFIELD BEACH, FL 33441				
		City/ State and Zip Code	e		
	support@feellooklivebetter.c	com			
	E-mail address: (to be us	sed for future annual report	notification)		
For further information	on concerning this matter, pleas	se call:			
Steven Hoffman		954 at (336-4628		
Name of Contact Person		Area Code & Daytime Telephone Number			
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment of State:		
□ \$35 Filing Fee	■\$43.75 Filing Fec & 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		Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

to

FEEL LOOK LIVE BETTER INC.

(Name of Corporation	as currently filed with the Florida Dept. of State)
24000032490	710
(Documen	t Number of Corporation (if known)
ursuant to the provisions of section 607.1006, Florida St s Articles of Incorporation:	natutes, this Florida Profit Corporation adopts the following amendment
. If amending name, enter the new name of the corp	oration:
ame must be distinguishable and contain the word "corp Inc.," or Co.," or the designation "Corp." "Inc," o chartered," "professional association," or the abbrevia	The new oration, "company," or "incorporated" or the abbreviation "Corp.," or "Co". A professional corporation name must contain the word atton "P.A."
 Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDRE</u> 	ESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
. If amending the registered agent and/or registered new registered agent and/or the new registered off	
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	Flonda
New Negistered Office Address.	(City) (Zip Code)
ew Registered Agent's Signature, if changing Registe hereby accept the appointment as registered agent. I as	ered Agent: m familiar with and accept the obligations of the position.

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)

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	<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>	<u>Addres</u> s	
1) Change	S	ALAN LOWE	265 S Federal Highway Suite 231	
Add			Deerfield Beach FL 33441	
X Remove				
2) Change	<u>s</u>	STEPHANIE MITTELMARK	265 S Federal Highway Suite 231	
$\frac{X}{\underline{\hspace{1cm}}}$ Add			Deerfield Beach FL 33441	
Remove 3) Change	T	ALAN LOWE	265 S Federal Highway Suite 231	
Add			Deerfield Beach FL 33441	
X Remove				
4) Change	Т	STEPHANIE MITTELMARK	265 S Federal Highway Suite 231	
X Add			Deerfield Beach FL 33441	
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

	ts, if necessary). (Be s	poorgio			
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in amendment prov	vides for an exchange, r	reclassification, or car	ncellation of issued st	iares.	
ovisions for implen	vides for an exchange, r nenting the amendment indicate N/A)	t if not contained in t	he amendment itself:		
(if not applicable,	indicate N/A)				
					
					
					

The date of each amendment(s) date this document was signed.	adoption:	, if other than
· ·		
Effective date if applicable:	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the	s block does not meet the applicable statutory filing requirements, this d Department of State's records.	late will not be listed as
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were a action was not required.	adopted by the incorporators, or board of directors without shareholder act	tion and shareholder
☐ The amendment(s) was/were a by the shareholders was/were	adopted by the shareholders. The number of votes east for the amendment sufficient for approval.	1(s)
	approved by the shareholders through voting groups. The following staten for each voting group entitled to vote separately on the amendment(s):	vient
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
selec	director, president or other officer – if directors or officers have not been sted, by an incorporator – if in the hands of a receiver, trustee, or other continted fiduciary by that fiduciary)	
	ALAN LOWE	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	<u> </u>

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