P12000064915

(Re	questor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies		of Status
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T. ROBERTS

COVER LETTER

TO: Amendment Section Division of Corporations

	RATION: Affinity We BER: P1200006491		netic Center, Inc.
DOCUMENT NUM	BER: 1 1200000101		
The enclosed Article	s of Amendment and fee are su	bmitted for filing.	
Please return all corr	espondence concerning this ma	tter to the following:	
	Michael Austin		
		Name of Contact Perso	n
	Affinity Wellness	and Aesthetic C	enter, Inc.
		Firm/ Company	
	P.O. Box 262647	,	
		Address	-
	Tampa, FL 3368	5-2647	
		City/ State and Zip Cod	e
dra	austin@affinitywell	ness.net	
		sed for future annual report	notification)
For further informati	on concerning this matter, plea	se call:	
Michael Austin		at (813	, 964-5901
Name	of Contact Person		de & Daytime Telephone Number
Enclosed is a check t	or the following amount made	payable to the Florida Depa	artment of State:
□ \$35 Filing Fee	■\$43.75 Filing Fee & 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)
An Di P.C	niling Address nendment Section vision of Corporations D. Box 6327 Hahassee, FL 32314	Ameno Divisio Cliftor 2661 I	Address Iment Section on of Corporations in Building Executive Center Circle assee, FL 32301

Articles of Amendment to Articles of Incorporation of



Affinity Wellness and Aesthetic Center, Inc.

(Name of Corporation as currently filed with the Florida Dept. of State)	
P12000064915	
(Document Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the its Articles of Incorporation:	following amendment(s) to
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corporation," "company," or "incorporated" "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation narword "chartered," "professional association," or the abbreviation "P.A."	The new or the abbreviation ne must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:	
Name of New Registered Agent	
(Florida street address)	
New Registered Office Address: , Florida (City) , Florida	Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the particle.	position.

Signature of New Registered Agent, if changing

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	PT Joh	n Doe	
X Remove	<u>V</u> <u>Mil</u>	ce Jones	
X Add	<u>ŞV</u> <u>Sal</u>	ly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	Р	Patricia Austin	6822 West Waters Avenue
Add			Tampa, FL 33634
X Remove			
2) Change	Р	Michael Austin	6822 West Waters Avenue
X Add			Tampa, FL 33634
Remove			
3) Change			
Add			· · · · · · · · · · · · · · · · · · ·
Remove			
4) Change		 	
Add			
Remove			<u></u>
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

. <u>If amending or adding additional Arti</u> (Attach additional sheets, if necessary).	(Be specific)
 -	
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and the same of th	
	,
If an amandment provides for an arch	hange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

The date of each amendment(s) ac	December 5, 2012
Effective date if applicable:	
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
■ The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) fficient for approval.
	proved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):
"The number of votes east	for the amendment(s) was/were sufficient for approval
by	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	(voting group)
☐ The amendment(s) was/were add action was not required.	opted by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and shareholder
_{Dated} Decen	nber 5, 2012
Signature	Mil Co
	irector, president or other officer - if directors or officers have not been
	d, by an incorporator – if in the hands of a receiver, trustee, or other court
appom	ted fiduciary by that fiduciary)
	Michael Austin
	(Typed or printed name of person signing)
	President
	(Title of person signing)