## P2400003812

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## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORP	ORATION: SHIVA BLUE HO	LISTIC CORP		
	MBER: P24000003812			
The enclosed Articl	es of Amendment and fee are su	bmitted for filing.		
Please return all cor	respondence concerning this ma	tter to the following:		
	YENNY CAMACHO VALE	RO		
		Name of Contact Person	1	
	SHIVA BLUE HOLISTIC C	ORP		
		Firm/ Company		
	4995 NW 72 ND AVE. STE.	208		
	Address			
	MIAMI, FL 33166			
	*	City/ State and Zip Cod	2	
	SHIVABLUEHOLISTIC@C	MAIL.COM		
		sed for future annual report	notification)	
For further informat	ion concerning this matter, pleas		) 542-5375 ) de & Daytime Telephone Number	
Nam	e of Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check	for the following amount made	payable to the Florida Depa	ortment of State:	
S35 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)	
Mailing Address			Address	
	mendment Section ivision of Corporations	Amendment Section Division of Corporations		
	O. Box 6327	The Centre of Tallahassee		
T:	illahassee, FL 32314	2415 ?	N. Monroe Street, Suite 810	

Tallahassee, FL 32303

## Articles of Amendment Articles of Incorporation οť

SHIVA BLUE HOLISTIC CORP

<del></del>	of Corporation as curre	itly filed with the Florida	Dept. of State)	
P24000003812				~ <del></del>
	(Document Number	of Corporation (if known	)	
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, th	is Florida Profit Corporat	ion adopts the following amendn	ieni(s) to
A. If amending name, enter the new n	ame of the corporation:		The ne	n <i>e</i>
name must be distinguishable and contain "Inc.," or Co.," or the designation "Cohartered," "professional association,"	Corp." "Inc." for "Co".	A professional corporat		
B. Enter new principal office address, if applicable:		4995 NW 72 ND AVE. STE. 208		
(Principal office address MUST BE A S		MIAMI, FL 33166	MIAMI, FL 33166	
		<del></del>		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		4995 NW 72 ND AV	/E. STE. 208	
		MIAMI, FL 33166		
				,
D. If amending the registered agent an new registered agent and/or the new			ie name of the	
Name of New Registered Agent	YENNY CAMACHO V	ALERO		
	4995 NW 72 ND AVE, STE, 208			.C.
	(Florida	street address)	<del>-</del>	
New Registered Office Address:	MIAMI		, Florida 33166	
		(City)	(Zip Code)	
New Registered Agent's Signature, if ¢ I hereby accept the appointment as regist	hanging Registered Age ered agent. I am familia	nt: r with and accept the oblig	gations of the position.	
	Penny (	Registered Agent, if change		
<del></del>	Signature of New	Registered Agent, if chang	ging	

Check if applicable  $\Box$  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: <u>X</u> Change	<u> 14</u>	John Doe		
X Remove	<u>V</u>	Mike Jones		
X Add	<u>sv</u>	Sally Smith		
Type of Action	<u>Title</u>	<u>Name</u>	<u>Addres</u> s	
(Check One)  1) X Change	P	YENNY CAMACHO VALERO	4995 NW 72 ND AVE. STE. 208	
Add			MIAMI, FL 33166	
Remove				
2) Change	VP	FAJARDO, MAĐAY D	4995 NW 72ND AVE SUITE 202	
Add		<del></del>	MIAMI, FL 33166	
X Remove 3) Change				
Add			·	
Remove			· · · · · · · · · · · · · · · · · · ·	
4) Change			·	
Add				
Remove				
5) Change		<u> </u>		
Add				
Remove				
6) Change				
Add				
Remove				

	necessary). (Be specific)	
	1 1 1	
	A+A	···
	/ 0 / '	
·		<del></del>
		<del></del>
If an amendment provides	for an exchange, reclassification, or cancellation of issued shares,	
<u>provisions for implement</u> (if not applicable, indi	ing the amendment if not contained in the amendment itself: cate N/A)	, 
		<del></del>

	03/14/2024	
The date of each amendment(s) at date this document was signed.	loption:	, if other than the
Effective date if applicable:		
	(no more than 90	days after amendment file date)
Note: If the date inserted in this b document's effective date on the De		able statutory filing requirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/were ado action was not required.	pted by the incorporators, or b	poard of directors without shareholder action and shareholder
☐ The amendment(s) was/were ado by the shareholders was/were su		number of votes cast for the amendment(s)
		ough voting groups. The following statement vote separately on the amendment(s):
"The number of votes east	for the amendment(s) was/wer	e sufficient for approval
by		
	(voting group)	
03/14/2024 Dated Signature	Yenny Comac	 . ho
(By a di selected		er – if directors or officers have not been chands of a receiver, trustee, or other court
	YENNY CAMACHO VALER	 ∴
	(Typed or printed n	name of person signing)
	PRESIDENT	

(Title of person signing)