M27754

(Red	questor's Name)	
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Tallahassee, FL 32301

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: _	THE PER	FECTION BODY SH	OP, INC.
	27754		
The enclosed Articles of Amenda	ient and fee are si	abmitted for filing.	
Please return all correspondence of	concerning this ma	atter to the following:	
	ANGEL A	A IZQUIERDO	
		Name of Contact Person	
		Firm/ Company	
1081	EAST 47 ST	TREE	
	<u></u>	Address	
HIALEAH FL 33013			<u> </u>
		City/ State and Zip Code	:
E-ma	il address: (to be	used for future annual report	notification)
For further information concerning	ng this matter, ple	ase call:	
ANGEL A IZQU	IERDO	at (305- ·	de & Daytime Telephone Number
Name of Contact Person		Arca Co	de & Daytime Telephone Number
Enclosed is a check for the follow	wing amount made	e payable to the Florida Depa	artinent of State:
	3.75 Filing Fee & etificate 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		Ameno Divisio Cliftor	Address Innent Section on of Corporations of Building Executive Center Circle

Articles of Amendment to Articles of Incorporation of

THE PERFECTION BODY SHOP, INC.

(Name of Corporation as currently file	ed with the Florida Dept. of State	2)	
<u> </u>			
(Document Number of Co	rporation (if known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Flor</i> its Articles of Incorporation:	rida Profit Corporation adopts the	following amendment(s) to
A. If amending name, enter the new name of the corporation:		The new	
name must be distinguishable and contain the word "corporation," "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co' word "chartered," "professional association," or the abbreviation "P.A	'. A professional corporation nun	or the abbreviation ne must contain the	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	N/A		
-			
-			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	EGRE!	7
(Mailing address MAT BE A FOST OIT ICE DOS)		A117	-
-		SS C	g-g
-		ကို တဲ့	
D. If amending the registered agent and/or registered office address	in Florida, enter the name of the	- 温泉 5 .	
new registered agent and/or the new registered office address:	N/A	P	
Name of New Registered Agent	N/A	_ _	
(Florida street	adduses)		
New Registered Office Address: (Cit	, Florida	(Zip Code)	
, s	···	•	
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 p	osition.	
	. .		
Signature of New Regi	stered 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		hn Doe	
X Remove	<u>V</u> <u>M</u>	ike Jones	
X Add	<u>SV</u> Sa	ally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
l) Change			
X Add	VP/DT/	S : LEYDA M GARCIA	1081 E 47 ST HIALEAH, FL 3301
Remove			
2) Change			
Add			
Remove			
3)Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
o) Change			
Add			
Remove			

tach additional sheets, if nec					
	N/A				
					
					
				<u> </u>	
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					-
an amendment provides fo	or an exchange, recta.	ssification, or ca	ncellation of iss	ued shares.	
provisions for implementin	g the amendment if n	or contained in t	he omendment	itself:	
(if not applicable, indica	ue N A)				
	N/A				

The date of each amendment(s) adopti	on: 10/28/2018	, if other than the
the date of each amendment(s) adoptedate this document was signed.	Ju	
Effective date if applicable:	10/28/2018	
Effective date is appreciate	(no more than 90 days after amendment file	e date)
Note: If the date inserted in this block document's effective date on the Depart	does not meet the applicable statutory filing requirment of State's records.	rements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopted by the shareholders was/were suffici	by the shareholders. The number of votes cast for the tight of the shareholders.	he amendment(s)
The amendment(s) was/were approve must be separately provided for each	ed by the shareholders through voting groups. The for h voting group entitled to vote separately on the ame	ollowing statement endment(s):
"The number of votes cast for t	he amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/were adopted action was not required.	I by the board of directors without shareholder action	a and shareholder
☐ The amendment(s) was/were adopted action was not required.	d by the incorporators without shareholder action and	i shareholder
Dated 10/31/	<u>′2018</u>	
(By a direc	for, president or other officer - if directors or officer	s have not been
selected, by	y an incorporator – if in the hands of a receiver, trust	ee, or other court
appointed t	fiduciary by that fiduciary)	
	ANGEL A IZQUIERDO	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	