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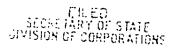
TO: Amendment Section

Tallahassee, FL 32314

10 MON TO STATE OF THE STATE OF Division of Corporations Pain with No Scars NAME OF CORPORATION: DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Natacha Alcindor (Name of Contact Person) (Firm/ Company) 5979 NW 24th Place (Address) Sunrise, FL 33313 (City/ State and Zip Code) painwithnoscars@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call; Natacha Aleindor 277-6749 (Name of Contact Person) (Area Code) (Daytime Telephone Number) Enclosed is a check for the following amount made payable to the Florida Department of State: ₩\$52.50 Filing Fee S35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is Enclosed) **Mailing Address** Street Address Amendment Section Amendment Section Division of Corporations **Division of Corporations** P.O. Box 6327 Clifton Building

> 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



19 NOV -1 PM 1:31

Pain with No Sears		•
(Name of Corporation as curren	tly filed with the Flori	da Dept. of State)
Pain with No Scars		
(Document Numb	er of Corporation (if ke	iown)
Pursuant to the provisions of section 617,1006, Florida Statute amendment(s) to its Articles of Incorporation:	es, this <i>Florida Not For</i>	Profit Corporation adopts the following
A. If amending name, enter the new name of the corporati	ion:	
not applicable		The new
name must be distinguishable and contain the word "corporat" "Company" or "Co," may not be used in the name.	tion" or "incorporated	
B. Enter new principal office address, if applicable:	not applicable	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)) 	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	not applicable	
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office a		enter the name of the
Name of New Registered Agent:		
Name of New Registered Agent.		
New Registered Office Address:	(Fle	rida street address)
		, Florida
	(Ci(y)	(Zip Code)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fai		the obligations of the position.
	gnature of New Registi	red 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 X. Remove X. Add	<u>V</u> <u>Mil</u>	n Doe se Jones ly Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	VP	Carline Mazard Spintilus	5245 SW 40 AVENUE
Add			FT. LAUDERDALE, FL 33314
X Remove			
2) Change	VP	Monica Alcindor	5979 NW 24 PLACE
X Add			SUNRISE, FL 33313
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)	
4 Common success, if necessary, the specifics	
not applicable	
по артеане	
	
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The date of each amendment(s) ac	loption:	, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this blo document's effective date on the De	ock does not meet the applicable statutory filing requirements, thi partment of State's records.	is date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were ac was/were sufficient for approve	dopted by the members and the number of votes cast for the ameral.	ndment(s)
There are no members or members adopted by the board of directors.	bers entitled to vote on the amendment(s). The amendment(s) was	ns/were
Dated	29 19	
Signature Nat	The Alcindor	
have not be	man or vice chairman of the board, president or other officer-if c en selected, by an incorporator – if in the hands of a receiver, tru appointed fiduciary by that fiduciary)	directors stee, or
No	(Typed or printed name of person signing)	
	President (Title of person signing)	