P0400000969

(Requestor's Name)		
(Addi	ess)	
(Address)		
(City/	State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(Busi	ness Entity Nar	ne)
(Дось	ıment Number)	
Certified Copies	Certificates	of Status
Special Instructions to Fil	ling Officer:	
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COVER LETTER

TO:	Amend	ment	Section	
	Divisio	n of C	Corporat	ions

NAME OF CORPORATION: TKY INTERNATIONAL RESORTS INC
DOCUMENT NUMBER: P 04000000969
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
ALAN H. PASTOR CPA (Name of Contact Person)
PASTOR & GOLBOIS CPA'S (Firm/Company)
7700 CONGRESS AVE - STE 3107 (Address)
BOCA RATON FL 33487 (City/ State/ and Zip Code)
For further information concerning this matter, please call:
(Name of Contact Person) at (561) 495-1935 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$35 Filing Fee Certificate of Status Certificate of Status Certificate of Status Certificate of Status (Additional copy is enclosed) 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 409 E. Gaines Street Tallahassee, FL 32399

Articles of Amendment to Articles of Incorporation of

TKY	INTERNATION.	AL I	RESORTS	INC
	(Name of corporation as currently file	d with the	e Florida Dept. of State)	

P04000000969 = 5
(Document number of corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation:
NEW CORPORATE NAME (if changing):
TARASIOUR WELLNESS CENTER TINC.
(Must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.") (A professional corporation must contain the word "chartered", "professional association," or the abbreviation "P.A.")
<u>AMENDMENTS ADOPTED</u> - (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: (<u>BE SPECIFIC</u>)
(Attach additional pages if necessary)
If an amendment provides for exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)

(continued)

The date of each amendment(s) adoption: 9-1-05
Effective date if <u>applicable</u> : (no more than 90 days after amendment file date)
(no more than 90 days after amendment file date)
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were approved by the shareholders. The number of votes cast fo the amendment(s) by the shareholders was/were sufficient for approval.
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):
"The number of votes cast for the amendment(s) was/were sufficient for approval by
(voting group)
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
☐ The amendment(s) was/were adopted by the incorporators without shareholder action an shareholder action was not required.
Signed this 1ST day of SEPTEMBER 2005.
Signature (By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
TAMARA TARASIOUK (Typed or printed name of person signing)
SECRETARY (Title of person signing)

FILING FEE: \$35