

10/2/13

Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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H130002188503ABC

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To: Division of Corporations  
Fax Number : (850) 617-6380

From: Account Name : HEYER & ASSOCIATES EA, PA  
Account Number : I20080C00079  
Phone : (786) 693-9358  
Fax Number : (786) 513-3777

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: RFHW HEYER INC.COM

COR AMND/RESTATE/CORRECT OR O/D RESIGN  
LAKSHMI AROMATHERAPY SALON & ESSENTIAL OILS, INC.

Certificate of Status	0
Certified Copy	0
Page Count	6
Estimated Charge	\$35.00

FILED  
OCT -8 PM 4:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Articles of Amendment  
to  
Articles of Incorporation  
of

**LAKSHMI AROMATHERAPY SALON & ESSENTIAL OILS, INC.**

(Name of Corporation as currently filed with the Florida Dept. of State)

**P04000018055**

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

**A. If amending name, enter the new name of the corporation:**

**LAKSHMI ESSENTIALS INC**

*The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."*

**B. Enter new principal office address, if applicable:**  
(Principal office address **MUST BE A STREET ADDRESS**)

**1800 SW 17 STREET  
MIAMI, FL 33145**

**C. Enter new mailing address, if applicable:**  
(Mailing address **MAY BE A POST OFFICE BOX**)

**1800 SW 17 STREET  
MIAMI, FL 33145**

**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) (Zip 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 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:**

Change            PT     John Doe

Remove            V     Mike Jones

Add                SV     Sally Smith

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
2) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
3) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
4) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
5) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
6) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____



The date of each amendment(s) adoption: \_\_\_\_\_ if other than the date this document was signed.

Effective date if applicable: \_\_\_\_\_  
(no more than 90 days after amendment file date)

Adoption of Amendment(s) (CHECK ONE)

The amendment(s) was/were adopted by the shareholders. The number of votes cast for 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 and shareholder action was not required.

Dated 10/02/2013

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)

**LEONOR GARCIA**

(Typed or printed name of person signing)

PRESIDENT / SHAREHOLDER / DIRECTOR

(Title of person signing)

850-617-6381

10/3/2013 8:49:11 AM PAGE 1/001

Fax Server

P04000018055



October 3, 2013

FLORIDA DEPARTMENT OF STATE

Division of Corporations

LAKSHMI AROMATHERAPY SALON & ESSENTIAL OILS, INC.  
2755 S.W. 27TH AVENUE  
MIAMI, FL 33133

SUBJECT: LAKSHMI AROMATHERAPY SALON & ESSENTIAL OILS, INC.  
REF: P04000018055

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The current name of the entity is as referenced above. Please correct your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Rabekah White  
Regulatory Specialist II

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DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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R. WHITE

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TALLAHASSEE, FLORIDA

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