P04000124742

(Requestor's	Name)
(Address)	
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(Document N	umber)
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SECRETARY OF STATE.
TALLAHASSEF

Amend

TB

11.911

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Lavernia M	edi-Spa, Inc.
P04000124741	2
DOCUMENT NUMBER: P04000124742	
The enclosed Articles of Amendment and fee	are submitted for filing.
Please return all correspondence concerning th	nis matter to the following:
Ivette Rodriguez, Esquire	
(Name of	Contact Person)
Ivette Rodriguez, P.A.	
(Firm)	(Company)
201 Alhambra Circle Suite 500	<u> </u>
(A	ddress)
Coral Gables, Florida 33134	
(City/ State	e and Zip Code)
For further information concerning this matter,	, please call:
Ivette Rodriguez	at (305) 447-1710
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
☑ \$35 Filing Fee ☐ \$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & S52.50 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	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301



October 19, 2007

IVETTE RODRIGUEZ, ESQ. IVETTE RODRIGUEZ, P.A. 201 ALHAMBRA CIRCLE, SUITE 500 CORAL GABLES, FL 33134

SUBJECT: LAVERNIA MEDI-SPA, INC.

Ref. Number: P04000124742

We have received your document for LAVERNIA MEDI-SPA, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document you submitted has been prepared pursuant to nonprofit statutes (chapter 617, Florida Statutes). As the entity was originally filed as a corporation for profit, this document should be filed pursuant to chapter 607, Florida Statutes.

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6925.

Letter Number: 407A00061684

Teresa Brown Regulatory Specialist II

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

Articles of Amendment to Articles of Incorporation of

	LAVERNIA	Medi	- 5pa	Inc.
(Na	ame of corporation as currently i	filed with the Flo	orida Dept. of State)	
	P04000124	-742_		ASC MY
	(Document number of	corporation (if k	(nown)	THE PLANT
•	as of section 607.1006, Flor endment(s) to its Articles o		_	Corporation &
NEW CORPORATE N	AME (if changing):			•
A professional corporation n	oration," "company," or "incorp nust contain the word "chartered	l", "professional	association," or the abb	reviation "P.A.")
	ing amended, added or del			
THE ARTIC	ES SHALL B	EFLECT	THAT	
PEPRO L	PUEBLA S	SHALL	RESIGN .	A >
	T OF THE			
AND A	ndæina L	15 BET	MANEL	20
GUALL			SIDENT	
THE /		•	<u> </u>	
174 /	DEPORATION	•		
				
	(Attach additional	pages if necessa	iry)	
	es for exchange, reclassific endment if not contained i			
			,	
	(cont	tinued)		

The date of each amendment(s) adoption:	
Effective date if applicable: 10.10.07	
(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 to the amendment(s) by the shareholders was/were sufficient for approval.	for
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 b	у
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder act and shareholder action was not required.	ion
The amendment(s) was/were adopted by the incorporators without shareholder action a shareholder action was not required.	and
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)	
Redro L. Puebla (Typed or printed name of person signing)	
(1 yped of printed name of person signing)	
(Tide of person giornia)	

FILING FEE: \$35