## P06000046243

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SECRETARY OF STAT

## **COVER LETTER**

TO:	Amendment Section
	<b>Division of Corporations</b>

NAME OF CORPORATION: Spa Realty, Inc.

DOCUMENT NUMBER: P06000046243

The enclosed Articles of Amendment and fee are submitted for tiling.

Please return all correspondence concerning this matter to the following:

Albert Yabor

Name of Contact Person

Spa Realty, Inc.

Firm/ Company

8125 SW 120 Street

Address

Miami, FL 33156

City/ State and Zip Code

AYABOR@SPAREALTY.NET

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Albert Yabor

,,,786<u>,</u>573-515

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:

■ \$35 Filing Fee

☐\$43.75 Filing Fee & Certificate of Status

☐\$43.75 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 Street Address

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## **Articles of Amendment** to **Articles of Incorporation** of

FILED

2013 DEC 16: PM 4: 41

Spa Realty, Inc.

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

SECRETARY OF STATE TALLAHASSEE. FLORIDA

P06000046243

(Document Number of Corporation (if known)

idment(s) to

s Articles of Incorporation:	•		-
. If amending name, enter the new name of t	he corporation:		
			_The
ame must be distinguishable and contain the 'Corp.," "Inc.," or Co.," or the designation "cord "chartered," "professional association," o	Corp," "Inc," or "Co". A profe	y," or "incorporated" or the aversional corporation name must	bbrevia contain
B. Enter new principal office address, if applie Principal office address MUST BE A STREET			_
runcipui Office address <u>SIOSI DE A SIREEI</u>			_
			<b>-</b>
. Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE	E BON		-
	••••		•
	<u></u>		_
. If amending the registered agent and/or re-	gistered office address in Florid	a, enter the name of the	
new registered agent and/or the new regist			
Name of New Registered Agent	<del> </del>	<del></del>	
	(Florida street address)		
New Registered Office Address:	(City)	, Florida(Zip Code)	-
	(City)	(Lip Cha)	
Sew Registered Agent's Signature, if changing hereby accept the appointment as registered ag-		nt the obligations of the position.	
and the second s		r yarigari-an ili ins pantinin	
Signature	of New Registered Agent, if chang		

## 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	<u>PT</u>	John Doc	
X Remove	$\underline{\mathbf{V}}$	Mike Jones	
_X Add	<u>\$V</u>	Sally Smith	•
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) L. Change	D	Louis Erice	11420 North Kendall Drive
Add			Suite 207
Remove			Miami, FL 33176
2) Change	D	Vladimir F. Golik	11420 North Kendall Drive
Add			Suite 207
Remove			Miami, FL 33176
3) Change	D	Julio Sanchez	11420 North Kendall Drive
✓ Add			Suite 207
Remove			Miami, FL 33176
4) Change	<u></u>		
Add			
Remove			
5) Change	<del></del>	<del></del>	
Add			<del></del>
Remove			
6) Change		<del></del>	······································
Add			
Remove			

ttach additional sheets, if necessary).	cles, enter change(s) here: (Be specific)
an amendment provides for an excherovisions for implementing the amer (if not applicable, indicate N/A)	uange, reclassification, or cancellation of issued shares, and and an analysis is the amendment itself;

	loption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopty the shareholders was/were suf	pted by the shareholders. The number of votes cast for the amendment(s) Dicient for approval.	
	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast t	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	tvoting group)	
The amendment(s) was/were ado action was not required.	pted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were ado action was not required.	pted by the incorporators without shareholder action and shareholder	
Dated_12/9/13		
0.	to the second of	
selected	irector, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)	<del></del>
	Albert Yabor	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	<del></del>