## P07000016168

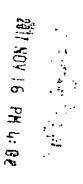
(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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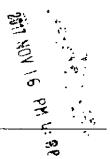
## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	ATION: Monica Costa-Mor	eno, A.P., P.A.			
DOCUMENT NUME	P07000016168				
The enclosed Articles	of Amendment and fee are su	bmitted for filing.			
Please return all corres	pondence concerning this mat	tter to the following:			
	Monica Dabney				
		Name of Contact Person			
	Monica Costa-Moreno, A.P., P.A.				
		Firm/ Company	· · · · · · · · · · · · · · · · · · ·		
	6383 SW 38th Street				
		Address	· <del></del>		
	Miami, Fl. 33155				
		City/ State and Zip Code			
DraM	onica13@gmail.com				
		sed for future annual report	notification		
	D-man address. (to be di	sed for future annual report	notification		
For further information	n concerning this matter, plea	se call:			
Monica Dabney		at (305	967-0626		
Name of Contact Person		Area Co	de & Daytime Telephone Number		
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	artment of State:		
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	☐S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 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		Amend Divisio Clifton	Address ment Section on of Corporations Building xecutive Center Circle		

Tallahassee, FL 32301

## **Articles of Amendment** ţọ Articles of Incorporation of



Monica Costa-Moreno, A.P., P.A.

-	(Name of Corporation as currently filed with the Florida Dept. of State)	<u> </u>	•••
P07000016168		<b>~</b>	
	(Document Number of Corporation (if known)		

nt(s) to

A. If amending name, enter the new name of the co	senoration.
Lotus Wellness, Inc.	<del></del>
	The new d "corporation," "company," or "incorporated" or the abbreviation, ""Inc," or "Co". A professional corporation name must contain the abbreviation "P.A."
P. Enter new principal office address if applicable	6383 SW 38th Street
B. Enter new principal office address, if applicable (Principal office address <u>MUST BE A STREET ADD</u>	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	Same
<u> </u>	
D. If amending the registered agent and/or register new registered agent and/or the new registered	
new registered agent and/or the new registered	
new registered agent and/or the new registered	
new registered agent and/or the new registered	(Florida street address), Florida
Name of New Registered Agent  Same	(Florida street address)

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 Do	<u>e</u>	
X Remove	<u>v</u>	Mike Jos	nes	
X Add	<u>sv</u>	Şally Sn	<u>nith</u>	
Type of Action (Check One)	Title		Name	<u>Addres</u> s
1) Change	<del></del>	<del></del>		
Add				
Remove				
2) Change				
Add		_		
Remove				
3) Change				
Add		_		
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change				
Add		_		
Remove				

tach udditional sheets, if necessary).	(Be specific)
<del></del>	
an amendment provides for an excl	hange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	endment if not contained in the amendment itself:
(ij not appreasie, mateure 1971)	
<u> </u>	
· · · · · · · · · · · · · · · · · · ·	

	October 20th, 2017	
The date of each amendment(s) a	doption:	, if other than the
date this document was signed.	aba= 20th 2017	
Effective date <u>if applicable</u> :	ober 20th, 2017	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirements, this capartment of State's records.	late will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes cast for the amendment ufficient for approval.	l(s)
☐ The amendment(s) was/were ap must be separately provided for	proved by the shareholders through voting groups. The following statem reach voting group entitled to vote separately on the amendment(s):	nent
"The number of votes case	t for the amendment(s) was/were sufficient for approval	
Monica Dabney	"	
<u> </u>	(voting group)	
☐ The amendment(s) was/were adaction was not required.	opted by the board of directors without shareholder action and sharehold	der
☐ The amendment(s) was/were ad action was not required.	opted by the incorporators without shareholder action and shareholder	
October 20 Dated	Oth, 2017	
Signature		
	director, president or other officer - if directors or officers have not been	
	ed, by an incorporator – if in the hands of a receiver, trustee, or other co	urt
аррон	nted fiduciary by that fiduciary)	
	Monica Dabney	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	