

P07000100053

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

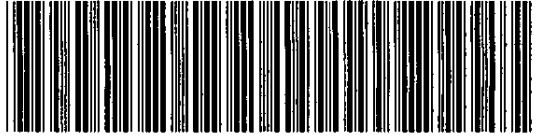
(Document Number)

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2008 AUG 27 AM 12:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[Handwritten signature]

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: BEAUTY AND BODY RELAXATION SPA INC
(Name of Corporation)

DOCUMENT NUMBER: P 07 000 100053

The enclosed Articles of Correction and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Migsey Dusu Arminan
(Name of Contact Person)

[Signature] PRESIDENT
(Firm/Company)

320 NW 32nd Place
(Address)

Miami FL 33125
(City/State and Zip Code)

For further information concerning this matter, please call:

Migsey Dusu Arminan at (786) 506-4137
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$35.00 Filing Fee

☐ \$43.75 Filing Fee & Certificate of Status

☐ \$43.75 Filing Fee & Certified Copy

☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 18, 2008

MIGSEY DUSU ARMINAN
320 N.W. 32ND PLACE
MIAMI, FL 33125

SUBJECT: BEAUTY AND BODY RELAXATION SPA, INC.
Ref. Number: P07000100053

We have received your document for BEAUTY AND BODY RELAXATION SPA, INC. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

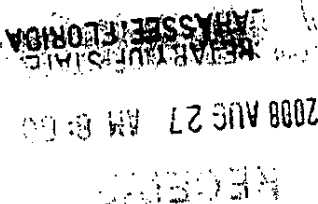
Articles of Correction must be filed within 30 days of the file date of the document that is being corrected. As the time period for filing Articles of Correction has expired, an amendment to the articles of incorporation could be filed at this time.

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) 245-6908.

Sylvia Gilbert
Regulatory Specialist II

Letter Number: 308A00046371



Articles of Amendment
to
Articles of Incorporation
of

BEAUTY AND BODY RELAXION SPA INC

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

FILED
2008 AUG 27 AM 12: 57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

P 07000100053

(Document number of corporation (if known))

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

NEW CORPORATE NAME (if changing):

N/A

(must contain the word "corporation," "incorporated," or the abbreviation "corp." or "inc." or words of like import in language; "Company" or "Co." may not be used in the name of a not for profit corporation)

AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: (**BE SPECIFIC**)

CHANGE SHARES OF CORPORATION, WHEN OPEN HAS 1 SHARE FOR
ERROR , MI CORPORATION NEED 100 SHARES

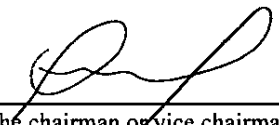
The date of adoption of the amendment(s) was: SEPTIEMBRE 22, 2007

Effective date if applicable: AGOST 22, 2008
(no more than 90 days after amendment file date)

Adoption of Amendment(s) **(CHECK ONE)**

- ☐ The amendment(s) was (were) adopted by the members and the number of votes cast for the amendment was sufficient for approval.
- ☒ There are no members or members entitled to vote on the amendment. The amendment(s) was (were) adopted by the board of directors.

Signature


(By the chairman or vice chairman of the board, president or other officer- if directors have not been selected, by an incorporator- if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.)

MIGSEY DUSU ARMINAN

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

FILING FEE: \$35