## P09000017932

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(Cit	ty/State/Zip/Phone	<u>#</u> )
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PICK-UP	WAIT	MAIL
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, (Do	cument Number)	• • • • • • • • • • • • • • • • • • • •
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Certified Copies	_ · · Certificates	of Status
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SECRETARY OF STATE
ALLAHASSEE, FLORIE

C.COULLIETTE
AUG 1 0 2009

**EXAMINER** 

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: Clear Blue Aromatherapy Inc.					
DOCUMENT NUM	BER: P09000017932				
The enclosed Articles	of Amendment and fee are sub-	mitted for fili	ing.		
Please return all corre	spondence concerning this matt	er to the follo	wing	:	
		n Castillo Contact Perso	on\		
	(Name of V	Cultact Fers	ou)		
معالية والمراجع والمالية والمراجع والمالية والمراجع والمالية والمالية والمالية والمالية والمالية والمالية والم	Clear Blue A		apy I	nc	
	(Firm)	Company)			
	8501 SW 97 Ct				
	(A	(ddress)			
	Miam	i, Fl 33173			
	(City/Stat	e and Zip Co	de)		
	karencastillo	35@hotma	ail.co	om.	
	E-mail address: (to be used				on)
For further information	on concerning this matter, please	call:			
Sandra Castillo		at (36	05	271-3186	
(Name	of Contact Person)	(/	Area (	Code & Daytime	Telephone Number)
Enclosed is a check for	or the following amount made pa	ayable to the	Flori	da Department of	State:
<b>☑</b> \$35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	□ \$43.75 Certified (Addition enclosed	Copy nal co l)	py is	☐ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Amer Divis: P.O. I	ng Address dment Section on of Corporations Box 6327 bassee: FL 32314	- I	Amend Division Clifton	Address Iment Section on of Corporations Building Executive Center C	ircle

Tallahassee, FL 32301

## **Articles of Amendment**

to					
Articles of Incorporation of					
(Name of Corporation as currently filed with the Florida Dept. of State)					
Pagassi	7.6.7.7				
(Document Number of Corporat	170d				
(Decanent Number of Corporat	ion (ii known)				
Pursuant to the provisions of section 617.1006, Florida Statutes the following amendment(s) to its Articles of Incorporation:	, this Florida Not For Profit Corporation adopts				
A. If amending name, enter the new name of the corporation	<u>n:</u>				
The new name must be distinguishable and contain the word abbreviation "Corp." or "Inc." "Company" or "Co." may not					
B. Enter new principal office address, if applicable:	Clear Blue Aromatherapy Inc.				
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	8835 SW 107 Ave #299				
	Miami, FI 33176				
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Clear Blue Aromatherapy Inc				
	8835 SW 107 Ave #299				
	Miami, Fl 33176				
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:	<del></del>				
New Registered Office Address: (Flor	ida street address)				
	(City) , Florida (Zip Code)				
New Registered Agent's Signature, if changing Registered A I hereby accept the appointment as registered agent. I am position.	familiar with and accept the obligations of the				

Signature of New Registered Agent, if changing

Page 1 of 3

## 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)

<u>Title</u>	<u>Name</u>	Address	Type of Action
Presid	Karen N. Castillo	8501 SW 97 Ct	☑ Add
		Miami, Fl 33173	Remove
Presid	Sandra F. Castillo	8501 SW 97 Ct	☐ Add
_		Miami, Fl 33173	☑ Remove
			Add
			☐ Remove
10 10 din.			
E. It amending	g or adding additional Articles, enter tional sheets, if necessary). (Be specif	<u>change(s) here</u> : îc)	
Ç.		,	
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		. <u></u>	

The date of each amendmen	t(s) adoption: 7/28/2009
Effective date <u>if applicable</u> :	(date of adoption is required)
•	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/we was/were sufficient for app	ere adopted by the members and the number of votes cast for the amendment(s) proval.
There are no members or adopted by the board of di	members entitled to vote on the amendment(s). The amendment(s) was/were rectors.
hav	the chairman of vice chairman of the board, president or other officer-if directors to not been selected, by an incorporator – if in the hands of a receiver, trustee, or
oth	er court appointed fiduciary by that fiduciary)
	Karen Castillo
	(Typed or printed name of person signing)
	President
	(Title of person signing)

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