# 009000057/94

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DIVISION OF CORPORATIONS
OF JUL 16 PH 2: 49

#### **COVER LETTER**

TO: Amendment Section
Division of Corporations

Tallahassee, FL 32314

NAME OF CORP	ORATION:	LORIANN LESSA, INC	<u> </u>
DOCUMENT NU	MBER:	P09000057194	
The enclosed Artic	les of Amendment and fee a	are submitted for filing.	
Please return all co	rrespondence concerning th	is matter to the following:	
_		Loriann Lessa	
	N	Jame of Contact Person	
-	B	ella Femmina, Inc.	
		This Company	
-	15100 H	utchison Road, Suite 101  Address	
	-	Tampa, FL 33625	
-		City/ State and Zip Code	*
	E-mail address: (to be use	ssa@gmail.com d for future annual report notification)	·
For further informa	tion concerning this matter,	please call:	
	tyrus Malhotra	at ( 727 ) 2	
	of Contact Person  for the following amount n	Area Code & Daytime Tel	•
□ \$35 Filing Fee	\$43.75 Filing Fee & Certificate of Status	✓ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Ad Amendment Division of	t Section Corporations	Street Address Amendment Section Division of Corporations Clifton Building	

2661 Executive Center Circle

Tallahassee, FL 32301

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



#### LORIANN LESSA, INC

09 JUL 16 PM 2:49

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

n (if known)
s, this Florida Profit Corporation adopts the follo
C. The new
ration," "company," or "incorporated" or the p," "Inc," or "Co". A professional corporation ion," or the abbreviation "P.A."
15100 HUTCHISON ROAD
SUITE 101
TAMPA, FL 33625
15100 HUTCHISON ROAD
SUITE 101 FAMPA, FL 33625
ddress in Florida, enter the name of the ess:
IISON ROAD, SUITE 101
a street address)
Florida 33625
(Zip Code)
ent: ar with and accept the obligations of the position.
egistered Agent, if changing

## 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
P	LORIANN LESSA	12444 BIGHORN COURT NEW PORT RICHEY, FL 34654	_
<u>P</u>	LORIANN LESSA	15100 HUTCHISON ROAD SUITE 101 TAMPA, FL 33625	_ ☑ Add _ □ Remove
			_
	ling or adding additional Articles, end dditional sheets, if necessary). (Be sp.		
provisio	nendment provides for an exchange, pons for implementing the amendment of applicable, indicate N/A)		

The date of each amendment	
TOO 41 TA 10 11 13	(date of adoption is required)
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/we by the shareholders was/we	ere adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.
	are approved by the shareholders through voting groups. The following statement and 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
by	(voting group)
	(voting group)
The amendment(s) was/we action was not required.	ere adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/we action was not required.	ere adopted by the incorporators without shareholder action and shareholder
Dated 07/1 Signature	3/2009  a director, president or other officer if directors or officers have not been
sele	ected, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)
	LORIANN LESSA
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)