

PI0000023036

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAR 07 2014

C. CARROTHERS

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: **Casa Victoria Wellness Inc.**

DOCUMENT NUMBER: **P0000023036**

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Victoria Rivas-Estronza

Name of Contact Person

Victoria Rivas-Estronza Inc.

Firm/Company

3010 NE 10th Ave

Address

Pompano Beach FL 33064

City/State and Zip Code

victoria.estronza@gmail.com

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

For further information concerning this matter, please call:

Victoria Rivas-Estronza

Name of Contact Person

at **954**) **614-4035**

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)

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

Casa Victoria Wellness Inc.

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

P0000023036

(Document Number of Corporation (if known))

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Pursuant to the provisions of section 607.1006, Florida Statutes, this **Florida Profit Corporation** adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

Victoria Rivas-Estronza Inc.

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:

(Principal office address **MUST BE A STREET ADDRESS**)

3010 NE 10th Ave

Pompano Beach

Florida 33064

C. Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

Same

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 Victoria Rivas-Estronza

3010 NE 10th Ave

(Florida street address)

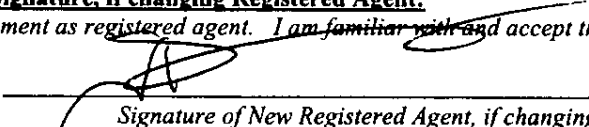
New Registered Office Address: Pompano Beach, Florida 33064

(City)

(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.


Signature of New Registered 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)

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 PT John Doe

X Remove V Mike Jones

X Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) ☐ Change		N/A	
☐ Add			
☐ Remove			
2) ☐ Change		N/A	
☐ Add			
☐ Remove			
3) ☐ Change		N/A	
☐ Add			
☐ Remove			
4) ☐ Change		N/A	
☐ Add			
☐ Remove			
5) ☐ Change		N/A	
☐ Add			
☐ Remove			
6) ☐ Change		N/A	
☐ Add			
☐ Remove			

N/A

(if not applicable, indicate N/A)

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself.

Victoria Rivas-Estronza Inc. Healthcare Consultant.

"Casa Victoria Wellness Inc" "Medical Center" To the following

I would like to amend the Name and description of services from

F. If amending or adding additional Articles, enter change(s) here: *(Attach additional sheets, if necessary). (Be specific)*

The date of each amendment(s) adoption: 09/05/2013, if other than the date this document was signed.

Effective date if applicable: 02/26/2014

(no more than 90 days after amendment file date)

Adoption of Amendment(s) (CHECK ONE)

☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided 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)

☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

☒ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated 02/26/2014

Signature

(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Victoria Rivas-Estronza

(Typed or printed name of person signing)

President

(Title of person signing)

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