## P10000103971

Office Use Only



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SECRET FILED FRANCES OF STATE OF STATE

Amend Manue Cus/ Wash Ch8

## **COVER LETTER**

TO: Amendment Section

Division of Corporations					
NAME OF CORPORATION: LA VIE WELLNESS SPA, INC.  DOCUMENT NUMBER: P10000103971					
The enclosed Articles of Amendment and fee are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
Paula Chennells					
La Vie					
6488 Curn Dr.					
Onando, Fl 32835					
City/ State and Zip Code					
For further information concerning this matter, please call:					
Paula Chennells at 407 \$30.3049  Name of Contact Person Area Code & Daytime Telephone Number					
Enclosed is a check for the following amount made payable to the Florida Department of State:					
S35 Filing Fee Certificate of Status  Certificate of Status  Certificate of Status  Certified Copy (Additional copy is enclosed)  Certified Copy (Additional Copy is enclosed)					
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle					

Tallahassee, FL 32301

## Articles of Amendment

Articles of Incorporation

10 Vie Mallages	Co- Tro	Δ		1,5%
La vie vveniress	Spa, m	<u> </u>		
(Name of Corporation as current	iy filed with the Flor	ida Dept. of State)		
(Document Number	er of Corporation (if k	noum)		
Pursuant to the provisions of section 607.1006, Fluits Articles of Incorporation:	orida Statutes, this <i>Fl</i> e	orida Profit Corporation add	opts the following a	nendment(s) to
A. If amending name, enter the new name of the	e corporation:	· · · · · · · · · · · · · · · · · · ·		
La vie Welliess	ceriter	, Inc		ie new
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "Cword "chartered," "professional association," or	Corp," "Inc," or "Co	". A professional corporati		
B. Enter new principal office address, if applic (Principal office address MUST BE A STREET.				
C. Enter new mailing address, if applicable:				
(Mailing address <u>MAY BE A POST OFFICE</u>	<u>' BOX</u> )			
D. If amending the registered agent and/or reg new registered agent and/or the new registe		in Florida, enter the name	e of the	
Name of New Registered Agent		_		
	(Florida street	address)		
New Registered Office Address:		, Florida		
	(City)		(Zip Code)	
			•	
New Registered Agent's Signature, if changing	Registered Agent:			
I hereby accept the appointment as registered age	nt. I am familiar with	and accept the obligations	of the position.	
Signature o	of New Registered Age	nt. if changing		

ttach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
_	
	/
f яп яшendment provides for an exch	ange, reclassification, or cancellation of issued shares.
provisions for implementing the amen	ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:
If an amendment provides for an exchaprovisions for implementing the amen (if not applicable, indicate N/A)	ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:
provisions for implementing the amen	ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:
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provisions for implementing the amen	ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:
provisions for implementing the amen	ange, reclassification, or cancellation of issued shares, andment if not contained in the amendment itself:

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 Doe	
X Remove	$\underline{\mathbf{v}}$	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) L Change	P	Elizabeth Ayotunde	6488 Cumin Dr
Add		· J	Orlando, FL
Remove	_		<u> </u>
2) Change	P	MEA Corp	6488 Cumn Dr
Add		•	Wango M
Remove			<u> </u>
3 ) Change			
Add			
Remove			
4) Change			
Add			<del></del>
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

The date of each amendment(s) adoption:
Effective date if applicable:  (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 6.18.2013  Signature 3.2013
(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)
Elizabeth Auptunde
(Typed or printed name of person signing)  (Title of person signing)