# P110000061169

(Requestor's Name)	
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PICK-UP WAIT	MAIL
(Business Entity Name	<del>)</del>
(Document Number)	<u> </u>
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SECRETARY BE STALL DIVISION OF BORPOR AND: 46

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### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	RATION: LAN	//ASSA	GE BY DESIG	N CORP
DOCUMENT NUMI				
The enclosed Articles	of Amendment and	fee are sub	mitted for filing.	
Please return all corres	spondence concerni	ng this matt	er to the following:	
	LUZ	в ас	OSTA	
			Name of Contact Person	n
	P	RESID	ENT	
			Firm/ Company	
	11450 WES	ST SAN	APLE RD	
			Address	
	CORAL SP	RINGS	S, FL 33065	
			City/ State and Zip Cod	<u> </u>
	:NIEQQL 4.	44004		
			GEBYDESIGN	
	E-mail address	s: (to be use	d for future annual report	notification)
For further information	n concerning this m	attar plaaca	call	
Tot further information	ii concerning this in	atter, prease	caii.	
	LUZ B AC	OSTA	at (954	, 736-9035
Name	of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check fo	r the following amo	ount made pa	ayable to the Florida Depa	artment of State:
■ \$35 Filing Fee	□\$43.75 Filin Certificate o	-	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address		Street Address		
Amendment Section		Amendment Section		
Division of Corporations P.O. Box 6327		Division of Corporations Clifton Building		
Tallahassee, FL 32314		2661 Executive Center Circle		
•		Tallahassee, FL 32301		



15 FEB 23 PH 2: 55

# FLORIDA DEPARTMENT OF STATE Division of Corporations

February 3, 2015

LUZ B. ACOSTA 11450 WEST SAMPLE RD CORAL SPRINGS, FL 33065

SUBJECT: L A MASSAGE BY DESIGN CORP

Ref. Number: P11000061169

We have received your document for L A MASSAGE BY DESIGN CORP and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

Please check only 1(one) box.

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) 245-6050.

Irene Albritton Regulatory Specialist II

Letter Number: 415A00002183

## Articles of Amendment Articles of Incorporation of

L A MASSAGE BY DES	SIGN CORP			
(Name of Corporation as	currently filed with the Flo	orida Dept. of State)		•
P11000061169				
(Documen	nt Number of Corporation (if	known)		•
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this <i>F</i>	lorida Profit Corporation	n adopts the following	g amendment(s)
A. If amending name, enter the new na	me of the corporation:			
				_The new
name must be distinguishable and cont "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associat	ation "Corp," "Inc," or "C tion," or the abbreviation "F	o". A professional corp	orporated" or the ac poration name must c	bbreviation contain the
B. Enter new principal office address, i (Principal office address MUST BE A ST				-
C. Enter new mailing address, if applie (Mailing address MAY BE A POST C				DIVISION OF CORRECT PROPERTY OF THE PROPERTY O
D. If amending the registered agent and		ss in Florida, enter the	name of the	3
new registered agent and/or the new  Name of New Registered Agent	LATIN TAX SER		<u>' (                                   </u>	4. 15
	1303 NORTH STAT		<u>-6</u>	
New Registered Office Address:	(Florida stree	et address)	<sub>ida</sub> 33063	
	(City)		(Zip Code)	-
New Registered Agent's Signature, if ch I hereby accept the appointment as registed Sig	nanging Registered Agent: ered agent. I am familiar w gnature of New Registered A		tions of the position.	

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 <math>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	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	VP	MAURICIO PEREZ	4706 NW 21 ST
Add			COCONUT CREEK, FL 3
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change	<del></del>	····	
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

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:  (if not applicable, indicate N/A)	
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:  (if not applicable, indicate N/A)	
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provisions for implementing the amendment if not contained in the amendment itself:	
provisions for implementing the amendment if not contained in the amendment itself:	
(if not applicable, indicate N/A)	

The date of each amendment(s) adoption: 01/23/2015	, if other than the
date this document was signed.	<u> </u>
Effective date if applicable: 01/27/2015	
(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	
<sub>by</sub> 100"	
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 01/23/2015	
Signature X Juz B. Acosta	
(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)	
LUZ B ACOSTA	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	