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R. WHITE 100 = 6 2017

COVER LETTER

NAME OF CORPOR	ATION: L.A	MASSAG	E By Design, C	 أن الأ
DOCUMENT NUMBI	er: P 11000	061169	/ //	
	f Amendment and fee are sub			
Please return all corresp	ondence concerning this mat	ter to the following:	;	
	11450 U Cord	EST Sam	ple Ld FL 33065	
For further information	concerning this matter, pleas		1	
JUZ B.	A COSTA f Contact Person	at (954 Area Co	de & Daytime Telephone Number	
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:	
S35 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 Address

TO: Amendment Section

Division of Corporations

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 FILED

Articles of Incorporation of 17 NOV -3 PM 4: 14

LA MASSAGE B	CYRELLED SESSESSION	Coop.
(Name of Corporation as currently filed with	t the Florida Dept. of State)	4
P 11 0000 6 116	9	
(Document Number of Corporation	nn (if known)	1
tursuant to the provisions of section 607.1006. Florida Statutes, this <i>Florida Pro</i> is Articles of Incorporation:	ofit Corporation adopts the fol	lowing amendment(
. If amending name, enter the new name of the corporation:		4
		The new
name must be distinguishable and contain the word "corporation," "comportion," "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co", A properties of the properties of the appropersional association," or the apprexiation "P.A."	any," or "incorporated" or cofessional corporation name	the abbreviation must contain the
B. Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRESS)		
_ 		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
 If amending the registered agent and/or registered office address in Flor new registered agent and/or the new registered office address: 	rida, enter the name of the	
Name of New Registered Agent		
(Florida street address)		
New Registered Office Address:	, Florida	(Zip Code)
(City)		(Zip Coae)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent.—I am familiar with and ac	cept the obligations of the pos	itton.
Signature of New Registered A	Agent, if changing	

address of each Officer (Attach additional sheets Please note the officer/dip = President; V= Vice Executive Officer; CFO held, President, Treasure Changes should be noted change, Mike Jones lea	and/or I	Director being added: sary) le by the first letter of the t; T= Treasurer: S= Sec Financial Officer. If an or would be PTD. ollowing manner. Curren	tle and name of each officer/office title: cretary; D= Director; TR= Tr officer/director holds more to ntly John Doe is listed as the h is named the V and S. These s	rustee; C = Chairn han one title, list t PST and Mike Jone	nan or Clerk; CEO he first letter of eac es is list e d as th e V.	= Chief ch office There is
X Change	<u>PT</u>	John Doe				
X Remove	<u>V</u>	Mike Jones				
X Add	<u>sv</u>	Sally Smith			1	i k
Type of Action (Check One)	<u>Title</u>	<u>Name</u>		<u>Addres</u> s	•	
1) Change	<u>_o-f</u>	Resident Jur	L Maria Sondoby	10391 L	NATERSIE	Covet
Add Remove						-
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•	litional Articles, enter cl necessary). (Be specific	<i>c)</i>		
	 			
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d	s for an exchange, reclas	esification or cancelle	ation of iccused charac	
an amenoment provides	ing the amendment if n	ot contained in the an	nendment itself:	
rovisions for implement	cate N/A)			
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The date of each amendment(s) adoption: 10 26 20 1	_, if other than the
date this document was signed.	
Effective date if applicable: 10 30 2017 (no more than 90 days after amendment file date)	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will a document's effective date on the Department of State's records.	not be listed as the
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 100	
(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 10/26/2017	
Dated 10 26 2017 Signature funds. Acosto.	
(By a director, prestlent or other officer – it 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)	
two B. AcosTA	
(Typed or printed name of person signing)	
President.	
(Title of person signing)	