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. (Re	questor's Name)	
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Amos Jo

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	ATION: LANDR En	terprises, Inc	
DOCUMENT NUMBE	D1100007/	035	
The enclosed Articles of	Amendment and fee are su	bmitted for filing.	
Please return all corresp	ondence concerning this ma	tter to the following:	
F	Rita A. Loveless		
_		Name of Contact Persor	1
E	Eclipse Salon and	d Spa	
_		Firm/ Company	······
•	16540 Pointe Villa	age Dr, Suite 10	5
		Address	
l	_utz, FL 33558		
_		City/ State and Zip Code	e
oles	nandspa.eclipse	@amail.com	
<u> </u>		ed for future annual report	notification)
	concerning this matter, pleas		000 0700
Rita A. Lovele		at (813	920-2700
Name of	Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:
□ \$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)
Amen Divisi P.O. I	ng Address dment Section on of Corporations Box 6327 nassee, FL 32314	Ameno Divisio Clifton 2661 E	Address Iment Section on of Corporations Building executive Center Circle assee, FL 32301

Articles of Amendment Articles of Incorporation

LANDR Enterprises, Inc.

				i nete statistic en
7	Articles of Am	nendment		FI,
	to Articles of Inco of		28/2 NO.	FILED PHONE
<i>'</i> LA l		erprises, Inc.	ALCRETA	PM -
(Name of Corporation as currently fi		•	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	LOR TO
), P	P11000074	1035		C. FLOOR
(Document Number of	f Corporation (if	known)		704
tursuant to the provisions of section 607.1006, Floridas Articles of Incorporation:		Torida Profit Corporat	ion adopts the following	amendment(s) to
 If amending name, enter the new name of the confidence 	orporation:			
Corp.," "Inc.," or Co.," or the designation "Corp ord "chartered," "professional association," or the B. Enter new principal office address, if applicable Principal office address <u>MUST BE A STREET ADI</u>	e abbreviation "F <mark>e:</mark>		orporation name must c	ontain the
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		16540 Pointe Vil	llage Dr, Suite 105	
		Lutz, FL 33558		
D. If amending the registered agent and/or registe new registered agent and/or the new registered Name of New Registered Agent Rita A.			ne name of the	
New Registered Office Address: 16540 Po	(Florida stree pinte Village Dr (City)	Cuito 105 Lut-	orida 33558 (Zip Code)	
New Registered Agent's Signature, if changing Registered agent.		th and accept the obliq	gations of the position.	
X Tita	A KO	ricles		
Signature of N	ew Registered A	gent, 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 <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	<u>PT</u> <u>Johr</u>	<u>1 Doe</u>	
X Remove	<u>V</u> <u>Mik</u>	e Jones	
_X Add	SV Sall	y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	<u>P</u>	Linda J Schimmel	19128 Harborbridge Lane
Add X Remove			Lutz, FL 33558
2) X Change	PTD	Rita A. Loveless	21444 Northwood Dr
Add			Lutz, FL 33549
Remove			
3) Change			,
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			-
Add			
Remove			

 If amending or adding additional Arti (Attach additional sheets, if necessary). 	
	<u> </u>
	
provisions for implementing the ame (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, andment if not contained in the amendment itself:
	red to Rita A. Loveless by Linda J. Schimmel.
Rita A. Loveless now owns	100% of snares.

The date of each amendment(s) a	doption: 11/6/2012
Effective date if applicable:	1/15/2012
<u> </u>	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
■ The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes cast for the amendment(s) ufficient for approval.
	proved by the shareholders through voting groups. The following statement reach voting group entitled to vote separately on the amendment(s):
"The number of votes case	t for the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
☐ The amendment(s) was/were ad action was not required.	opted by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were ad action was not required.	lopted by the incorporators without shareholder action and shareholder
Dated_11/6/2	012
Signature X	Kita a Loreles
	director, president or other officer - if directors or officers have not been
	ed, by an incorporator – if in the hands of a receiver, trustee, or other court nted fiduciary by that fiduciary)
ц рроп	
	Rita A. Loveless
	(Typed or printed name of person signing)
	President, Treasurer, Director
	(Title of person signing)