

Division of Corporations Electronic Filing Cover Sheet

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IIL 1: 2017

COR AMND/RESTATE/CORRECT OR O/D RESIGN UTOPIA GARDENS AND SPA CORPORATION

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July 13, 2017

FLORIDA DEPARTMENT OF STATE

UTOPIA GARDENS AND SPA CORPORATION Of Corporations 25100 SW 189 AVENUE HOMESTEAD, FL 33031

SUBJECT: UTOPIA GARDENS AND SPA CORPORATION

REF: P12000041847

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The current name of the entity is as referenced above. Please correct your document accordingly.

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Rebekah White Regulatory Specialist II FAX Aud. #: E17000182493 Letter Number: 417A00014169

P.O BOX 6327 - Tailahassee, Florida 32314

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Articles of Amendment to Articles of Incorporation

| | of | | |
|---|--------------------------------------|---|-------------------|
| UTOPIA GARDENS 2 SDQ COL | matica | | |
| (Name of Corporation as currently filed wit | h the Florida Dept. of St | atc) | • |
| P12000041847 | | | |
| (Document Number of Corpor | ration (if known) | | |
| Pursuant to the provisions of section 607.1006, Florida Statute its Articles of Incorporation: | es, this <i>Florida Profit Cor</i> | poration adopts the following | g amendment(s) to |
| A. If amending name, enter the new name of the corporate UTOPIA GARDENS & Spare Co | ion: XDOYOHION | | The new |
| name must be distinguishable and contain the word "cor, "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc. word "chartered," "professional association," or the abbrev. | ," or "Co". A professio. | or "incorporated" or the a mal corporation name must (| bbreviation |
| B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS | N/A | | |
| | | | |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | ··· | | |
| | | | |
| D. If amending the registered agent and/or registered office a new registered agent and/or the new registered office a | ce address in Florida, en ddcras: | ter the name of the | |
| Name of New Registered Agent | | | |
| (Flu | rida street address) | | |
| New Registered Office Address: | (City) | Florida(Zio Code) | |
| | | 1-5 | |

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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 = 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 latter 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

| X Change | <u>74</u> | John D | <u>oe</u> | |
|-------------------------------|-------------|-------------|--------------|----------------|
| X Remove | <u>v</u> | Mike J | <u>ines</u> | |
| X Add | <u>sv</u> | Sally S | mi <u>th</u> | |
| Type of Action (Check One) | Title | | <u>Name</u> | <u>Address</u> |
| 1) Change | _ | | | |
| Add | | | | |
| Remove | | | | |
| 2) Change | | ~- | | |
| Add | | | | |
| Remove | | | | |
| 3) Change | | _ | | |
| Add | | | | |
| Remove | | | | |
| 4) Change | | _ | | |
| Add | | | | |
| Remove | | | | |
| 🗀 | | | | |
| 5) Change | | - | | |
| Add | | | | |
| Remove | | | | |
| 6) Change | | | | |
| Add | | | | |
| Remove | | | | |

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| /A | its, if necessary). | cles, enter chancet (Be specific) | | |
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| | des for an exchai | ior, reclassification | n og somerlinsten d | |
| an amendment provi | | ment if not contain | ed in the amendme | nt itself: |
| | | | | P (1201). |
| (if not applicable, i | ndicate N/A) | Mot Collecti | | |
| (if not applicable, i | indicate N/A) | MOSE CONTRACT | | |
| | indicate N/A) | | | |
| (if not applicable, i | indicate N/A) | - THO CONGIN | | |
| (if not applicable, i | indicate N/A) | - Not contain | | |
| (if not applicable, i | indicate N/A) | - Indicate and the second | | |
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| (if not applicable, i | indicate N/A) | | | |
| an amendment provi provisions for implem (if not applicable, i | indicate N/A) | | | |

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| The date of each amendment(s) adoption: date this document was signed. | , if other than the |
|--|---------------------|
| 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 shereholders. 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 cust for the amendment's) was/were sufficient for annual | |
| by | |
| by | |
| The amendment(s) was/vere 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 07/11/2017 | |
| Signature A.Bra low | |
| (By a director, president or other officer – if directors or officers have not been selected, by an incorporator – it in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary) | |
| CAROLINA NOVO | |
| (Typod or printed name of person signing) | |
| PRESIDENT | |
| (Title of person signing) | |

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