

P120000069246

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

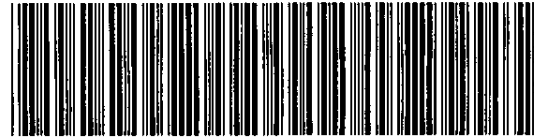
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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*Name Change
& Amend*

08/15/15--01016--007 **35.00

FILED
2015 JUL 13 PM 12:13
CLERK OF STATE
TALLAHASSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

15 JUL 13 PM 4:44

RECEIVED
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

June 24, 2015

Suzana G. Della Torre
7592 Elmridge Drive
Suite 1U
Boca Raton, FL 33433

SUBJECT: DELLA TORRE WELLNESS & SKIN CARE, INC
Ref. Number: P12000069246

We have received your document for DELLA TORRE WELLNESS & SKIN CARE, INC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The specific business purpose of the professional association must be stated in the document.

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.

Annette Ramsey
Regulatory Specialist II

Letter Number: 915A00013325

SECTION E
Pg. 3
Completed
and attached

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: DELLA TORRE WELLNESS & SKIN CARE, INC.

DOCUMENT NUMBER: P12000069246

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

SUZANA G. DELLA TORRE

Name of Contact Person

Firm/ Company

7592 ELMRIDGE DRIVE, SUITE# 1U

Address

BOCA RATON, FL 33433

City/ State and Zip Code

suziusa@mac.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SUZANA G. DELLA TORRE

Name of Contact Person

at (571) 484-6501

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy
is enclosed) |
|--|--|---|--|

Mailing Address

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
Articles of Incorporation
of

FILED

2015 JUL 13 PM 12:13

DELLA TORRE WELLNESS + SKIN CARE, INC. OF THE STATE
(Name of Corporation as currently filed with the Florida Dept. of State) FLORIDA

P12000069246

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

SUZANA GIMENEZ DELLA TORRE, P.A. The new
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation
"Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co." A professional corporation name must contain the
word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

7592 ElmrIDGE Drive 1U
BOCA RATON FL 33433

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

7592 ELMRIDGE DRIVE
SUITE 1U
BOCA RATON, FL 33433

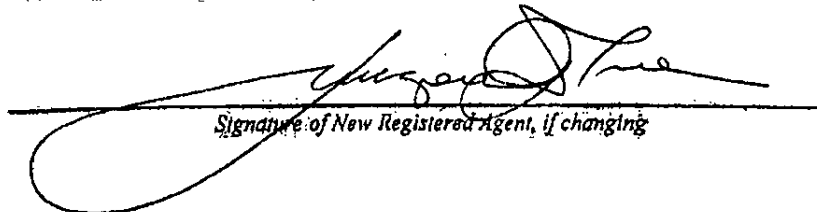
**D. If amending the registered agent and/or registered office address in Florida, enter the name of the
new registered agent and/or the new registered office address:**

Name of New Registered Agent SUZANA GIMENEZ DELLA TORRE
7592 ElmrIDGE Drive 1U
(Florida street address)

New Registered Office Address: BOCA RATON, Florida FL 33433
(City) (Zip Code)

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= 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 PT John Doe

X Remove V Mike Jones

X Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <u>XX</u> Change	<u>PST</u>	<u>SUZANA G. DELLA TORRE</u>	<u>7592 ELMRIDGE DRIVE</u>
<u> </u> Add			<u>SUITE# 1U</u>
<u> </u> Remove			<u>BOCA RATON, FL 33433</u>
2) <u> </u> Change	<u> </u>	<u> </u>	<u> </u>
<u> </u> Add			<u> </u>
<u> </u> Remove			<u> </u>
3) <u> </u> Change	<u> </u>	<u> </u>	<u> </u>
<u> </u> Add			<u> </u>
<u> </u> Remove			<u> </u>
4) <u> </u> Change	<u> </u>	<u> </u>	<u> </u>
<u> </u> Add			<u> </u>
<u> </u> Remove			<u> </u>
5) <u> </u> Change	<u> </u>	<u> </u>	<u> </u>
<u> </u> Add			<u> </u>
<u> </u> Remove			<u> </u>
6) <u> </u> Change	<u> </u>	<u> </u>	<u> </u>
<u> </u> Add			<u> </u>
<u> </u> Remove			<u> </u>

E. If amending or adding additional Articles, enter change(s) here:

(Attach additional sheets, if necessary). (Be specific)

The purpose of this corporation is to engage in the practice of licensed real estate sales and to exercise the powers now
or hereafter granted to professional service corporations.

F. 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)

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

Effective date if applicable: _____
(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 not be listed as the document's effective date on the Department of State's records.

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 06/12/15

Signature _____

(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)

SUZANA Della Torre

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)