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Certified Copies	Cartificator	of Status
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Special Instructions to I	Filing Officer:	

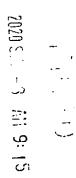
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COVER LETTER

TO: Amendment Section Division of Corporations		•	
NAME OF CORPORATION:	120000755	ique + Spa	INICI
The enclosed Articles of Amendment	and fee are submitted for filing.		
Please return all correspondence conce	erning this matter to the following:		
1	Name of Contact He Bo-lique First Compa S. Palm Ar Address Q in the Hills City/ State and Zi little botique @ 9 dress: (to be used for future annual 2 little botique	of Span III Con p Code mail. com report notification)	unge due to Divorce
For further information concerning thi	s matter, please call:		
Carinee Aak Name of Contact Person	$\frac{1}{2}$ at $\frac{39}{4}$	rea Code & Daytime Telephone Nu	<u>1</u> mber
Enclosed is a check for the following a	amount made payable to the Florid	a Department of State:	
S35 Filing Fee S43.75 F Certifica	Filing Fee & S43.75 Filing Fe Certified Copy (Additional copy enclosed)	Certificate of Status	
Mailing Address Amendment Section		Street Address Amendment Section	

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32303

The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Articles of Amendment

to

Articles of Incorporation of

A Little Bo-tique of	Spa INC.
(Name of Corporation as currently 1	iled with the Florida Dept. of State)
(Document Number of C	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida</i> Statutes, the statutes of the sta	orida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corporation," "cor" "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A J "chartered," "professional association," or the abbreviation "P.A."	
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)	N/A
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address: Name of New Registered Agent 22011 N. F. (Florida street)	Adkins fustin Merritt Rd.
New Registered Office Address: Grove and	Florida 34734 ity) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar wit Signature of New Reg	h and accept the obligations of the position. Office position. Stered Agent, if changing

Check if applicable

 \Box The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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	<u>PT</u>	John Doe		
X Remove	<u>V</u>	Mike Jones	/ .	
X Add	<u>sv</u>	Sally Smith	NA	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>		Address
1) Change		····		
Add				
Remove				
2) Change				
Add				
Remove 3) Change				
Add				
Remove				•
4) Change				
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Remove				
5) Change				
Add				
Remove				
6) Change				
			 	
Add				···
Remove				

E. If amending or :	adding additional Artic I sheets, if necessary).	cles, enter change(s) here:		
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. If an amendmer	at provides for an excha	ange, reclassificati	ion, or cancellatio	on of issued shares,	
provisions for i	implementing the amen icable, indicate N/A)	idment if not cont	ained in the amer	idment itself:	
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The date of each amendment(s) adoption:
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 il 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 incorporators, or board of directors without shareholder action and shareholder action was not required.
☐ 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)
Dated 9/1/2020
Signature(Bv Adirector, 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)
Arinee Adkins
(Typed or printed name of person signing)
Director
(Title of person signing)