## P130000004293

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(Cit	ty/State/Zip/Phone	· #)
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## **COVER LETTER**

TO: Amendment Section

**Division of Corporations** NAME OF CORPORATION: \_ DOCUMENT NUMBER: P13000004293 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Janice Mullings Name of Contact Person Firm/ Company the secret garden organic salon/spa Inc 10355 NW 69 Manor, Parkland, Fl 33076 City/ State and Zip Code janiceangelique@cox.net E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at ( 609 ) 577-1340 Area Code & Daytime Telephone Number janice mullings Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: □ \$35 Filing Fee □\$43.75 Filing Fee & □S43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

Articl	les of Amendment
Article	to es of Incorporation
The Secret Garden (Name of Corporation as currently filed with	Broanic Spa Salon Inc.
	P13000004293
(Document Number of Corpor	ration (if known)
Pursuant to the provisions of section 607.1006, Florida Statute its Articles of Incorporation:	tes, this Florida Profit Corporation adopts the following amendment(s) t
A. If amending name, enter the new name of the corporat	tion:
	The new reporation," "company," or "incorporated" or the abbreviation c," or "Co". A professional corporation name must contain the viation "P.A."
B. Enter new principal office address, if applicable:	10355 NW 69 manor
(Principal office address MUST BE A STREET ADDRESS	Parkland
	Florida 33076
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	10355 NW 69 Manor
	Parkland
	Florida 33076
D. If amending the registered agent and/or registered office a new registered agent and/or the new registered office a	
Name of New Registered Agent	
(Flo	lorida street address)
New Registered Office Address:	, Florida (City) (Zip Code)
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered	
I hereby accept the appointment as registered agent. I am fa	amiliar with and accept the obligations of the position.
Signature of New Regi	istered Agent, if changing
I hereby accept the appointment as registered agent. I am fa	amiliar with and accept the obligations of the position.

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 = ChiefExecutive 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 Do	<u>e</u>	
X Remove	<u>V</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	<u>iith</u>	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
1) Change	-			
Add				
Remove				-
2) Change				
Add		_		
Remove				
3) Change				
Add				
Remove				
4) Change				
Add	· · ·	_		
Remove				
Kenteve				
5) Change		_		
Add				
Remove				
6) Change		<del></del>		
Add				
Remove				

Attach additional sheets, if necessary). (Be specific)	
	<del> </del>
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f an amendment provides for an exchange, reclassification, or cancellation of issued sha	ares,
provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)	
(ij noi appacaote, maicute MA)	
· ·	•

The date of each amendment(s)	adoption: 3/5/1/3
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
☐ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.
	pproved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):
	st for the amendment(s) was/were sufficient for approval
by	(voting group)
	dopted by the board of directors without shareholder action and shareholder
The amendment(s) was/were a action was not required.	dopted by the incorporators without shareholder action and shareholder
Dated 3/21/	2013
Signature	Kyllluley CEO
(By a selec	director, president or other officer – if directors or officers have not been eted, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)
	Janice Mullings
	(Typed or printed name of person signing)
	CEO
	(Title of person signing)