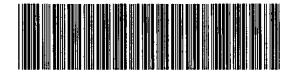
## P1300017479

(Requestor's Name)	
(Address)	
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(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
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SECRETARY OF STATE

2013 JUN 18 PM 1: 05

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: ALLURE	DENTAL SPA, PA
DOCUMENT NUMBER: P130000174	179
The enclosed Articles of Amendment and fee are	
Please return all correspondence concerning this	matter to the following:
SHELLY YOUN	IG
	Name of Contact Person
ALLURE DENT	AL AND SPA, PA
	Firm/ Company
15275 COLLIEF	R BLVD., #201313
	Address
NAPLES, FL 34	119
	City/ State and Zip Code
Shellyyoung727@a	aol.com
E-mail address: (to be	used for future annual report notification)
For further information concerning this matter, pl	ease call:
SHELLY YOUNG	at (239) 777-9444
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made	de payable to the Florida Department of State:
☐ \$35 Filing Fee Secretificate of Status	
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

ALLURE DENTAL SPA, PA	
(Name of Corporation as currently filed with the Florida Dept. of State)	-
ALLURE DENTAL SPA, PA	_
(Document Number of Cornoration (if known)	

(Document	t Number of Corporation (if k	nown)		
Pursuant to the provisions of section 607.1 its Articles of Incorporation:	1006, Florida Statutes, this <i>Fle</i>	orida Profit Corporation ac	dopts the following	; amendment
A. If amending name, enter the new na ALLURE DENTAL AND S		•		The new
name must be distinguishable and conto "Corp.," "Inc.," or Co.," or the designa- word "chartered," "professional associat	ation "Corp," "Inc," or "Co	". A professional corpora	orated" or the ab ution name must c	breviation ontain the
B. Enter new principal office address, i (Principal office address MUST BE A ST				
C. Enter new mailing address, if application (Mailing address MAY BE A POST C				
D. If amending the registered agent and new registered agent and/or the new		s in Florida, enter the nan	ne of the	
Name of New Registered Agent	SHELLY YOUNG			
	15275 COLLIER I	BLVD., #201313		
	(Florida street		-	
New Registered Office Address:	NAPLES	, Florida	34119	
	(City)		(Zip Code)	
New Registered Agent's Signature, if ch I hereby accept the appointment as registe	eyêd degint. I gin familiar wit	171/3	es of the position.	
Sig	nature of New Registered Ago	ent, if changing		7

Page 1 of 4

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 Doc, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X Change	<u>PT</u>	John Doe	
X Remove	$\underline{\mathbf{v}}$	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change			
Add			
Remove			
3 ) Change			
Add			
Remove			
4) Change	<u></u>		
Add			
Remove			
5) Change			
Add		<del></del>	
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary).	icles, enter change (Be specific)	<u>(S) liere</u> .		
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	<del></del>			
				· <u>—</u>
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		····		
		<u> </u>		
f an amendment provides for an exchiprovisions for implementing the amer	<u>ange, reclassificati</u> ndment if not cont	on, or cancellation ained in the amend	of issued shares, ment itself:	
(if not applicable, indicate N/A)			•	
		<u> </u>		· · · ·

The date of each amendment(s) a	doption: JUNE 4, 2013	
Effective date <u>if applicable</u> :	JNE 4, 2013	
<u></u>	(no more than 90 day	vs after amendment file date)
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were add by the shareholders was/were su		nber of votes cast for the amendment(s)
	proved by the shareholders through each voting group entitled to vote	voting groups. The following statement separately on the amendment(s):
"The number of votes cast	for the amendment(s) was/were suf	ficient for approval
by	(voting group)	**
	(voting group)	
action was not required.	opted by the board of directors with opted by the incorporators without s	out shareholder action and shareholder shareholder action and shareholder
Dated JUNE Signature	4, 2013)	_
(By a c		if directors or officers have not been
	ed, by an incorporator – if in the han nted fiduciary by that fiduciary)	nds of a receiver, trustee, or other court
(	1	
	FREDRICK J. ECK	
	(Typed or printed name	e of person signing)
	PRESIDENT	
	/Title of nerson sign	ning)