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(Re	equestor's Name)	
(Ad	ldress)	
(Ac	idress)	
(Cit	ty/State/Zip/Phone	; #)
PICK-UP	☐ WAIT	MAIL MAIL
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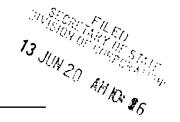
Amend Mane
To 6.21, 13

COVER LETTER

TO: Amendment Section Division of Corporations	
NAME OF CORPORATION: EYL DOCUMENT NUMBER: W130	Candy AutoSpa, IN
The enclosed Articles of Amendment and fee are su	bmitted for filing.
Please return all correspondence concerning this ma	tter to the following:
Eye Course Source Property Course Course Source Property Course Course Property Course	Name of Contact Person CANCE PLANT SPA, INC Firm(Company CATAMARAN CT Address Whort Richey FU 34652 City/ State and Zip Code agmail. Com Sed for future annual report notification)
For further information concerning this matter, please	se call:
LAURICARS AL Name of Contact Person	at (727) (12-47-6) Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made	payable to the Florida Department of State:
\$35 Filing Fee Certificate of Status	□\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy (Additional copy is enclosed) □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address	Street Address
Amendment Section	Amendment Section Division of Corporations
Division of Corporations P.O. Box 6327	Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation



(Name of Corporation as currently filed with the Florida Dept. of State)

(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:

The Purple Elephon	ot INC		The
me must be distinguishable and contain the			or the abbrevi
Corp.," "Inc.," or Co.," or the designation "C		essional corporation n	ame must contai
ord "chartered," "professional association," or	the appreviation P.A.		
Enter new principal office address, if applic			
rincipal office address <u>MUST BE A STREET</u>	<u>ADDRESS</u>)		
			
#1.4 MI 13 15 U. 11			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	E ROX)		
1111 1111 1111 1111		· · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
			
If amending the registered agent and/or reg		a, enter the name of th	<u>ne</u>
new registered agent and/or the new register	ered office address;		
Name of New Registered Agent			
	(Florida street address)		
	(
New Registered Office Address:	(City)	, Florida	p Code)
	(City)	(2)	p Coae)
	5		
		nt the abligations of the	o nosition
		pt the obligations of the	e position.
ew Registered Agent's Signature, if changing in the appointment as registered age			? 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 = 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	Y	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One) 1) Change Add	Title	Rautam Pullyri	Address 245 Skillman Av Apt 3 Brooklyn
Remove 2) Change Add Remove 3) Change Add			
Remove 4) Change Add Remove			
5) Change Add Remove			
6) Change Add			

Attach additional sheets, if r	necessary).	icles, enter change(s) here: (Be specific)	
		·	<u> </u>
	· · · · · · · · · · · · · · · · · · ·	**********	
	····		
f an amendment provides provisions for implementi (if not applicable, indic	ng the amen	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:	
	· · <u>-</u>		
	······································	, , ,	

The date of each amendment(s) ad-	option: <u>JUNE 17 2018</u>
Effective date <u>if applicable</u> :	June 17 2013
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
☐ The amendment(s) was/were adop by the shareholders was/were suf	oted by the shareholders. The number of votes cast for the amendment(s) ficient for approval.
	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):
"The number of votes cast f	or the amendment(s) was/were sufficient for approval
by	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	(voting group)
The amendment(s) was/were adopt action was not required.	oted by the board of directors without shareholder action and shareholder
The amendment(s) was/were adopaction was not required.	oted by the incorporators without shareholder action and shareholder
Dated Jun	4 17 2013
Signature	Paurie Chroall
selected	rector, president or other officer – if directors or officers have not been , by an incorporator – if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)
-	LAURIE ARGIALL
	(Typed or printed name of person signing)
_	COO
_	(Title of person signing)