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(Re	equestor's Name)	
(Ac	idress)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
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COVER LETTER

TO: Amendment Section

Division of Corpo	rations		
NAME OF CORPOR	017600	y + Beach 688849	Realty, Inc
The enclosed Articles of	Amendment and fee are su	bmitted for filing.	
Please return all corresp	ondence concerning this ma	tter to the following:	
-	Sout	Name of Contact Person Vy + Beach Firm/Company South Pas Address City/ State and Zip Code sed for future annual report	Realty, Inc. adma Auc. FL 33707 Symail. com notification)
For further information	concerning this matter, pleas	·	
Breadas Name o	McDonell f Contact Person	at (727 Area Cox) 244-9826 le & Daytime Telephone Number
Enclosed is a check for	the following amount made j	payable to the Florida Depa	rtment of State:
\$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Amer Divis P.O.	ing Address indment Section ion of Corporations Box 6327 hassee, FL 32314	Amend Divisio Clifton	Address ment Section n of Corporations Building xecutive Center Circle

Tallahassee, FL 32301

Articles of Amendment

to

Articles of Incorporation of

Luxun + Bona	h healty Inc	
(Name of Corporation as currently filed with the Flo	orida Dept. of State)	_
P13000088849		
(Document Number of Corporation (if	known)	_
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>I</i> its Articles of Incorporation:	Florida Profit Corporation adopts the following	ing amendment(s) to
A. If amending name, enter the new name of the corporation:		
N/A		The new
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Coword "chartered," "professional association," or the abbreviation "Inc.," or the abbreviation "	Co". A professional corporation name must	
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: Name of New Registered Agent	ess in Florida, enter the name of the	SECIA 13 NO
(Florida stre	vet address)	FILED FOR ANY OF OF ANY OF
New Registered Office Address: (City)	, Florida(Zip Code)	1:25
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w	with and accept the obligations of the position	
Signature of New Registered A	gent, 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	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
i) Change Add Remove	Ve	Vincent L. Castellucio	5 5903 Binini Way N. St. Acte Beach, FL 33706
2) Change	ν !	Michael B. Hitchens	200 G2ad St. N. St. Petersburg, F2 33710
Remove 3) Change Add Remove	<u>D</u>	Evelyn M. Hill	33710 7602 Clair Wood Ct. Apollo Black, FL 33572
4) Change Add Remove	_P_	Rebecca Saera	368 La Hacienda Dr. Indian Rocks Beach, FL 33785
5) Change Add Remove			
6) Change Add Remove			

(Attach additional sheets, if necessary).	(Be specific)
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If an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
Reclassify numb	er of outstanding shares from
2 shores to	or of outstanding shares from
as follows.	
Brendon Me	Dunnall - 51 Shares
Julia Sim	pson - 49 shares

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable: ////2//3	
Effective date if applicable: /// / S (no more than 90 days after amendment file date)	
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 east for the amendment(s) was/were sufficient for approval	
by" (voting group)	
(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	
Signature By a director, president or other officer – if directors or officers have not been	
(By a director, président 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)	
Typed or printed name of person signing)	
(Typed or printed name of person signing)	
Incorporator (Title of person signing)	
(Title of person signing)	