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TALLAMASSEE FLORING



COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: Mirasol Spa	a Ventures Inc		
DOCUMENT NUMI	BER: P130001008	31	The second secon	
The enclosed Articles	of Amendment and fee are su	bmitted for filing.		
Please return all corres	spondence concerning this ma	tter to the following:		
	Debi Diorio			
		Name of Contact Person		
		Firm/Company		
	501 Mirasol Circle	Firm/ Company		
		Address		
	Celebration, FL 3	4747		
		City/ State and Zip Code		
det	makup@comcas	t.net		
	. —	ed for future annual report	notification)	
For further information	n concerning this matter, pleas	se call:		
Debi Diorio		_{at (} 407	325-8697	
Name	of Contact Person		de & Daytime Telephone Number	
Enclosed is a check fo	r the following amount made	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)	
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 Tallahassec, FL 32301		

Articles of Amendment to Articles of Incorporation

of
Mirasol Spa Ventures, Inc.
(Name of Corporation as currently filed with the Florida Dept. of State)
P13000100831
(Document Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation:
A. If amending name, enter the new name of the corporation:
The new
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc.," or "Co". A professional corporation name must contain the word "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)
D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:
Name of New Registered Agent Dobn A Decen
501 masol Cucle (Florida street address)
New Registered Office Address: Clebration, Florida 34747 (City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent:
I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.
Signature of New Registered Agent, 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>	Name	<u>Addres</u> s
1) Change	Р	Monica Raffel	901 Blue Sage St
Add			Celebration, FL 34747
Remove			
2) Change	VP	Robert T. Raffel	901 Blue Sage St
Add			Celebration, FL 34747
Remove			
3) Change	Р	Debi Diorio	501 Mirasol Circle
Add			Celebration, FL 34747
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

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f an amend	ment provide	es for an exc	hange, reclassi	fication, or ca	ncellation of	issued share:	<u>5,</u>
provisions (for implemen	nting the amo	hange, reclassi endment if not	fication, or ca contained in	ncellation of he amendm	issued share: ent itself:	<u>5,</u>
provisions (ment provide for implemen applicable, inc	nting the amo	hange, reclassi endment if not	fication, or ca contained in	ncellation of the amendme	issued sha <u>re</u> ent itself:	<u>5.</u>
provisions t	for implemen	nting the amo	hange, reclassi endment if not	fication, or ca	ncellation of he amendm	issued shares	5,
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provisions t	for implemen	nting the amo	hange, reclassi	fication, or ca	ncellation of he amendm	issued share: ent itself:	S.

The date of each amendment(s) adoption:	_, if other than the
date this document was signed. Effective date if applicable: 3-18-15	
Effective date if applicable: 3-18-15 (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 cast for the amendment(s) was/were sufficient for approval	
by" (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 4/4/15 Signature MM 24	
Signature MM 2 UM (By a director, 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)	
Monica Raffel	_
(Typed or printed name of person signing)	
President	<u> </u>
(Title of person signing)	