## P14000039812

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	dress)	
(^0	101633/	
(Cit	ty/State/Zip/Phone	e #)
_		
PICK-UP	☐ WAIT	MAIL
(Ru	siness Entity Nan	
(50	isiness Chary Wan	ie)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
	•	· · · · · · · · · · · · · · · · · · ·
Special Instructions to	Filing Officer:	
	١.,	11-
	W	$M \subset \mathbb{R}$
	<del></del>	,,,,

Office Use Only



400437136564

10/02/24--01004--019 \*\*43.75



## **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF CORPOR	ATION: EZER NA	TUP-AL HEALI	NE INC.
DOCUMENT NUMBI	ER:	<u>.</u>	
The enclosed Articles o	f Amendment and fee are su	bmitted for filing.	
Please return all corresp	ondence concerning this ma	tter to the following:	
	2 -	1 A. JA277	
_	KAVZ	Name of Contact Person	1
	SERAPHINE	WELLNESS & B	J-AUTO
_		Firm/ Company	<del>"</del>
_	1507 E LAS	LAS BLUD	
	FORT LAUDER	City/ State and Zip Code	50 <u> </u>
-	LN する (む) E-mail address: (to be us	SERAPHINESPA	notification)
For further information	concerning this matter, pleas	se call:	
P n	VEN ALVAREZ	at ( 37.1	1 437-5027
Name of	Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artiment of State:
□ \$35 Filing Fee		□\$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. I	ng Address adment Section ion of Corporations Box 6327 nassee, FL 32314	Amend Divisio The Co 2415 N	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303

## Articles of Amendment to Articles of Incorporation of

FZER NATURAL HEALING, INC.
(Name of Corporation as currently filed with the Florida Dept. of State)
2111202 20012

(Document Number of Corporation (if known)

Pursuant to the provisions of section 607.1006, Florida Statutes, tits Articles of Incorporation:	this Florida Profit Corporation adopts the following amendmen
A. If amending name, enter the new name of the corporation	<u>u</u>
SERAPHINE WELLNESS & B name must be distinguishable and contain the word "corporation, "Inc.," or Co.," or the designation "Corp," "Inc," or "Co" "chartered," "professional association," or the abbreviation "P	' A professional corneration name must contain the word
B. Enter new principal office address, if applicable:	1507 ELAS OLAS BLVD I
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	FORT LAUDERDALE, FL 33301
	7
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	ISOF E LAS OLAS BLVD
	FORT LAUDERDALE, FL 33301
D. If amending the registered agent and/or registered office a new registered agent and/or the new registered office add	
Name of New Registered Agent RAVEN AL	VAREL
1507 E LA	S OLAS BLVD
įr noma	a sir cer dadressy
New Registered Office Address: FORT LAUD	ERDAUE Florida 33301 (City) (Zip Code)
New Registered Agent's Signature, if changing Registered Ag I hereby accept the appointment as registered agent. I am familia	
Signature of Ne	w Registered Agent, if changing
Check if applicable	

<sup>☐</sup> The amendment(s) is are being filed pursuant to s. 607.0120 (11) (e), F.S.

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.

X Change	<u>PT</u> John	n Doe	
X Remove	<u>V</u> <u>Mik</u>	te Jones	
_X Add	<u>SV</u> <u>Sal</u>	y Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	TENSTEE	JUSTAH LEE	4418 N UNIVERSITY DR
Add			LA UDERHILL FL 33351
Remove			
2) Change		APOLEEN DEMIT	4418 N UNIVERSITY DR.
Add			LAUDFRNILL, FL 33351
Remove Change		RAUFH ALVAREZ	4418 NUDIVERSITY DR.
Add			LAUDERHILL FL 33351
Remove			
4) Change	<u>ceo</u>	RAVEN ALVAREZ	1507 E LAS OLAS ELVO
_X_ Add			FORT LAUDERDALE, FL 3330
Remove			<u></u>
5) Change			
Add			
Remove			<u> </u>
6) Change			
Add			
Remove			

If amending or adding additional Artic Attach additional sheets, if necessary).	(Be specific)
•	
<del></del>	
-	
f an amendment provides for an excha	ange, reclassification, or cancellation of issued shares,
provisions for implementing the amen (if not applicable, indicate N/A)	dment if not contained in the amendment itself:

JERAPHINE WELLNESS & BEAUTY, INC. BE AMENDED TO HEAUTHORIZE

ALL ISSUED AND OUTSTANDING SHARES OF COMM. IN STOCK, PAR

VALUE \$6000.00 PER SHARE, INTO A NEW CLASS OF PIZEFERRED

STOCK, PAR VALUE \$1000.00 PER SHARE, AS SPECIFIED, N THE

PLAN OF RECLASSIFICATION AND EVENANGE, PROVIDING FOR THE

EXCHANGE OF EACH SHARE & COMMON STOCK AND CANCELLATION

& ANY FRACTIONAL SHAPES (VRRENTLY ISSUED OR OUTSTANDING.

The date of each amendment(s) adoption: 9/23/2024	, if other than the
Effective date if applicable: 9/23/2024 (no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, document's effective date on the Department of State's records.	this date will not be listed as the
Adoption of Amendment(s) ( <u>CHECK ONE</u> )	
The amendment(s) was/were adopted by the incorporators, or board of directors without sharehold action was not required.	er action and shareholder
☐ The amendment(s) was/were adopted by the shareholders. The number of votes east for the amend by the shareholders was/were sufficient for approval.	dment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following .  must be separately provided for each voting group entitled to vote separately on the amendment(s)	statement F:
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
(voing group)	
Dated 9/23/2024	
Dated 9 23 2024 Signature RA VZ W	
(By a director-president or other officer – if directors or officers have not selected, by an incorporator – if in the hands of a receiver, trustee, or other appointed fiduciary by that fiduciary)	
(Typed or printed name of person signing)	
(Title of person signing)	
(Title of person signing)	