## P150000 61410

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## COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	P15(YYY)061.11()				
DOCUMENT NUMBE					
The enclosed Articles of	Amendment and fee are su	abmitted for filing			
Please return all corresp	ondence concerning this ma	atter to the following:			
		EDGAR ESCOBAR			
_	Name of Contact Person				
_		Firm/ Company			
	5442 NW 56 CT				
_	Address				
_	TAMARAC, FL 33319				
		City/ State and Zip Cod	e		
		nodatara@hotmail.com			
_	E-mail address: (to be u	sed for future annual report	notification)		
For further information of	concerning this matter, plea	se call:			
EDGAR ESCOBAR		at (	348-8021		
Name of Contact Person		Area Co	de & Daytime Telephone Number		
Enclosed is a check for t	he following amount made	payable to the Florida Depa	artment of State:		
■ \$35 Filling 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		Amend Divisio	Address Iment Section on of Corporations entre of Tallahassee		

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

## TARA'S WELLNESS CENTER AND GIRDLES INC

(Name of Corporation	on as currently filed with	the Florida Dept. of State	)
	P15000061410		
(Docum	ent Number of Corporation	on (if known)	
Pursuant to the provisions of section 607,1006, Florida its Articles of Incorporation:	Statutes, this Florida Pro	ofit Corporation adopts the f	ollowing amendment(s) to
A. If amending name, enter the new name of the co	rporation:		
			The new
name must be distinguishable and contain the word "co "Inc" or Co.," or the designation "Corp," "Inc," "chartered," "professional association," or the abbre	or "Co". A profession		
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADD			
	··	<del>,</del>	
			)[]
	<del></del>		<del></del>
C. Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BO.	<u>X</u> )		<del></del>
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	<del></del>	·	
		<u> </u>	- <del></del>
D. If amounting the projectional agent and/or argintant	and a ffine and decrease in 171a.	:	36
D. If amending the registered agent and/or register new registered agent and/or the new registered of the n		ida, enter the name of the	
Name of New Registered Agent		·	<u> </u>
	(Florida street address)		<u> </u>
	(1 tortua street address)		
New Registered Office Address:		, Florida_	
	(Cny)		(Zip Code)
New Registered Agent's Signature, if changing Regi	istered Agent:		<b>C</b>
I hereby accept the appointment as registered agent.	i am jamiliar wiin ana aci	cept the obligations of the po	stiton.
Signa	ture of New Registered A	gant if changing	
.ngna	ant of her negatered at	gem. y enanging	
Ch., 1, 16			

Check if applicable

☐ 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)

Example:

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	$\overline{\text{bL}}$	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		
1) X Change	VTD	EDGAR ESCOBAR	5442 NW 56 CT		
Add			TAMARAC, FL 33319		
Remove					
2) Change	PSD	TARANEH ESCOBAR	5442 NW 56 CT		
X Add			TAMARAC, FL 33319		
Remove 3 ) Change					
Add					
Remove					
4) Change					
Add					
Remove					
5) Change					
Add					
Remove					
б) Change		<u> </u>			
Add					
Remove					

A	onal sheets, if nece:	ssary). (Be specif	ic)		
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<u>fan amendm</u>	ent provides for a	an exchange, reclas	ssification, or cane	ellation of issued she amendment itself:	ares,
DEAVISIONS TO	plicable, indicate :	<u>ne amengment it it</u> V/4)	or contained in the	amendment itsen:	
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(if not apj					
provisions fo (if not ap)					
(if not apj					

The date of each amendment(s) add date this document was signed.	ption:	, if other than
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment	file date)
Note: If the date inserted in this blo document's effective date on the Dep	ck does not meet the applicable statutory filing records.	quirements, this date will not be listed as
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/were adopted action was not required.	ed by the incorporators, or board of directors witho	ut shareholder action and shareholder
☐ The amendment(s) was/were adop by the shareholders was/were suff	ed by the shareholders. The number of votes cast ficient for approval.	or the amendment(s)
	ved by the shareholders through voting groups. The ach voting group entitled to vote separately on the a	
"The number of votes cast fo	r the amendment(s) was/were sufficient for approva	ıl
by		** •'
	(voting group)	
7/2/2020 Dated		
Signature		
selected.	ctor, president or other officer – if directors or office by an incorporator – if in the hands of a receiver, tri- fiduciary by that fiduciary)	
<u>l:</u> —	DGAR ESCOBAR	
	(Typed or frinted name of person signing) IRECTOR ( ///////////////////////////////////	
_	(Title of person signing)	

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