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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPO	PRATION: TARA'S WELLNI	ESS CENTER AND GIRD	LES INC			
DOCUMENT NUM	IBER: P15000061410					
The enclosed Article	s of Amendment and fee are su	bmitted for filing.				
Please return all corr	espondence concerning this ma	atter to the following:				
	TARANEH REZAEI ESC	OBAR				
	•	Name of Contact Person	n			
	TARA'S WELLNESS CENTER AND GIRDLES INC					
		Firm/ Company				
	8099 NW 71ST CT					
		Address				
	TAMARAC, FLORIDA 33321					
		City/ State and Zip Cod	e			
	shimaescobar@yahoo.com					
	E-mail address: (to be us	sed for future annual report	notification)			
For further informati	on concerning this matter, plea	se call:	479 4599			
Name	of Contact Person		de & Daytime Telephone Number			
Enclosed is a check t	or the following amount made	payable to the Florida Dep	artment of State:			
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)			
An Di P.0	neiling Address nendment Section vision of Corporations D. Box 6327 Ilahassee, FL 32314	Amend Division The C 2415 i	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

TARA'S WELLNESS CENTER AND GIRDLES INC.

(<u>Name</u>	of Corporation as current	y filed with the Florida Dept, of State)	-
P15000061410				
	(Document Number o	f Corporation (if known)	·	_
Pursuant to the provisions of section 607.	1006, Florida Statutes, this	Florida Profit Corporation adopts the t	following amend	dment(s) t
A. If amending name, enter the new n	ame of the corporation:		Th.	
name must be distinguishable and contair "Inc" or Co.," or the designation "C "chartered," "professional association,"	Corp," "Inc," or "Co". A	company," or "incorporated" or the abl I professional corporation name must	The interviation "Corporation of the w	p., ''
B. Enter new principal office address, if applicable:			5024 AUS	
(Principal office address <u>MUST BE</u> /A S	TREET ADDRESS)			_
			-7	
C. Enter new mailing address, if appli		8099 NW 71ST CT	PH 6:	; ·
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)		TAMARAC, FLORIDA 33321	. 23	-
D. If amending the registered agent an new registered agent and/or the new				_
new registered agent and/or the nev	EDITH S. ESCOBAR	<u>.</u>		
Name of New Registered Agent				
	8099 NW 71ST CT			
	(Florida str	eet address)	17701	
New Registered Office Address:	TAMARAC	, Florida_	33321 (Zip Code)	_
		ica,	(Zip Com)	
New Registered Agent's Signature, if c hereby accept the appointment as regist			esition.	
>	EURO	10 00		
	Signature of New Re	egistered Agent, if changing		

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)

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 V Mike Jones <u>X</u> Add SV Sally Smith Type of Action <u>Title</u> <u>Name</u> Address (Check One) TARANEH REZAEI ESCOBAR 6635 W COMMERCIAL BLVD **PSDT** 1) ____ Change SUITE 117 Add TAMARAC, FL 33319 Remove ANGELA CLARIBEL DOLAN 6635 W COMMERCIAL BLVD ΑP 2) ____ Change SUITE 117 Add TAMARAC, FL 33319 Remove EDITH S. ESCOBAR 8099 NW 71ST CT _ Change TAMARAC, FL 33321 Add Remove 8099 NW 71ST CT TARANEH R. ESCOBAR VP 4) ____ Change TAMARC, FL 33321 Add __ Remove 5) ____ Change ____ Add __ Remove 6) ____ Change ____ Add Remove

f amending or adding additional Art Attach additional sheets, if necessary).	(Be specific)		
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	<u></u>		
an amendment provides for an exch	ange, reclassification, or o	ancellation of issued shar	es.
orovisions for implementing the ame (if not applicable, indicate N/A)	ndment if not contained in	the amendment itself:	
(y noi appheaoie, maleale (VA)			
			
			- -

4.5

er jer				
	07/30/20	24		
The date of each amendment(late this document was signed.	s) adoption:			, if other than the
·	07/30/2024			
Effective date <u>if applicable</u> :	(no more	than 90 days after	amendment file date)	· · · · · · · · · · · · · · · · · · ·
lote: If the date inserted in the ocument's effective date on the	nis block does not meet the Department of State's rec	e applicable statuto cords.	ry filing requirements,	, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ON	<u>E</u>)		
The amendment(s) was/were action was not required.	adopted by the incorporat	ors, or board of dire	ectors without sharehold	der action and shareholder
The amendment(s) was/were by the shareholders was/were		ers. The number of	votes cast for the amen	ndment(s)
The amendment(s) was/were must be separately provided				
"The number of votes	east for the amendment(s)	was/were sufficient	for approval	
byl			,,,	
	(voting group)			
Dated O	7/31/2024			
Signature	manel Sont			
(By	a director, president or oth			
	ected, by an incorporator – pointed fiduciary by that fid		receiver, trustee, or oth	ner court
.,	TARANEH R. ES	•		
	(Typed or p	orinted name of pers	on signing)	
	PRESIDENT			
	(Title of pe	rson signing)		

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