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T. LEMIEUX



COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: CLORENZO BOD	DY SHOP INC	
DOCUMENT NUMB	ER: P16000014544	· · · · · · · · · · · · · · · · · · ·	
The enclosed Articles of	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	MARIA E RUIZ		
-		Name of Contact Persor	1
	L & M ACCOUNTING SER	VICES INC	
-		Firm/ Company	
	7750 SW 117TH AVE SUIT	E 201D	
-		Address	
	MIAMI FLORIDA 33183		
-		City/ State and Zip Code	e
MARI	AQUIROS9@HOTMAIL.C	ОМ	
	E-mail address: (to be us	sed for future annual report	notification)
For further information	concerning this matter, pleas	sa call:	
Tor further information	concerning this matter, pieas	se can.	
MARIA E RUIZ		at (595-2407
Name of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment 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		Amend Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

CLOR	ENZO	BODY	SHOP II	VC.

ent Number of Corporation (if kr	nown)
Statutes, this Florida Profit Cor	poration adopts the following amendment(s) t
poration:	
	The new or "incorporated" or the abbreviation nal corporation name must contain the
<u></u>	
RESS)	
	
<u></u>	
<u> </u>	
-	
ed office address in Florida, en	ter the name of the
office address:	
(Florida street address)	
	. Florida
(City)	(Zip Code)
stered Agent:	
am familiar with and accept the	e obligations of the position.
	AL SE 20
	AN T
ture of New Registered Agent. it	
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	La company to the same of the
	TO THE
	Statutes, this Florida Profit Consporation: "corporation," "company," of "Inc," or "Co". A profession obbreviation "P.A." RESS) ed office address in Florida, enfice address: (Florida street address)

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
1) Change	P	ERNESTO LORENZO	14625 SW 60 TERRACE
Add		•	MIAMI, FLORIDA 33183
X Remove			
2) X Change	P	JULIO OTERO	16352 SW 44 WAY
Add			MIAMI FLORIDA 33185
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
f an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:

The date of each amendment(s) adoption: date this document was signed.	2/18/17	, if other than the
	1/27/17 (no more than 90 days after amendment f	Cl. July
	(no more than 90 days after amenament f	ue aate)
Note: If the date inserted in this block does document's effective date on the Department	s not meet the applicable statutory filing requ of State's records.	irements, this date will not be listed as the
Adoption of Amendment(s)	CHECK ONE)	
The amendment(s) was/were adopted by the shareholders was/were sufficient for	ne shareholders. The number of votes cast for approval.	the amendment(s)
	the shareholders through voting groups. The jing group entitled to vote separately on the am	
	nendment(s) was/were sufficient for approval	
by	voting group)	19
(voting group)	
☐ The amendment(s) was/were adopted by the action was not required.	ne board of directors without shareholder actio	on and shareholder
☐ The amendment(s) was/were adopted by t action was not required.	ne incorporators without shareholder action an	d shareholder .
Dated 2/18//1 Signature ** (By a director, p)		
Dailed 1		
Signature x	<i>y</i>	
` '		
	ncorporator – if in the hands of a receiver, trus ary by that fiduciary)	tee, or other court
_		
	(Typed or printed name of person signing)	
	Provident	
	(Title of person signing)	