P16000064337

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HVISION OF CORPORATION

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION:		CS SERVICES, INC.
DOCUMENT NUMB	ER: P16000064337		
	of Amendment and fee are su	bmitted for filing.	
Please return all corresp	condence concerning this ma	tter to the following:	
I	ERIKA M. ESPEJO		
-		Name of Contact Person	
-		Firm/ Company	
3	318 W. 35TH STREET		
-		Address	
·	HIALEAH, FL 33012		
-		City/ State and Zip Code	
ERIES	PEJO@HOTMAIL.COM		
	E-mail address: (to be us	sed for future annual report	notification)
For further information ERIKA M. ESPEJO	concerning this matter, please		362-9711
	f Contact Person	at (362-9711 de & Daytime Telephone Number
Name o	Contact Person	Alca Cot	ie & Baytine Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	rtment of State:
S35 Filing Fee	☐S43.75 Filing Fee & Certificate of Status	☐S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Amer Divis	ing Address ndment Section ion of Corporations Box 6327 hassee, FL 32314	Amende Division Clifton 2661 E	Address ment Section n of Corporations Building secutive Center Circle ssee, FL 32301

Articles of Amendment to Articles of Incorporation of

THERAPEUTIC MASSAGE & BODY	WORKS SERVICES, INC.			1 8882
(<u>Name</u>	of Corporation as currentl	y filed with the Florida D	ept. of State)	
P16000064337				
	(Document Number of	Corporation (if known)		3
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, this	Florida Profit Corporation	adopts the follow	ving amendme
A. If amending name, enter the new n	ame of the corporation:			
Therapeutic & Sports Massage by Erika,	Inc.			The new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa B. Enter new principal office address, (Principal office address <u>MUST BE A S</u>	nation "Corp," "Inc," or " ution," or the abbreviation " if applicable:	Co". A professional corp		
C. Enter new mailing address, if appl (Mailing address MAY BE A POST) D. If amending the registered agent as	OFFICE BOX)	N/A ess in Florida, enter the n	name of the	
new registered agent and/or the ne				
Name of New Registered Agent	N/A			
	(Florida str	ect address)		
New Registered Office Address:	N/A		. Florida	
Her Registered Office Huaress.		(City)		(ip Code)
New Registered Agent's Signature, if call the second of the second second the appointment as regis.			ions of the positio	n.
	Signature of New R	egistered Agent, if changin	g	_

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 Do	<u>oe</u>		
X Remove	<u>v</u>	Mike Jo	<u>ones</u>		
X Add	<u>sv</u>	Sally Sr	<u>nith</u>		
Type of Action (Check One)	<u>Title</u>		Name	:	Address
1) Change		_	N/A		
Add					
Remove				-	
2) Change		_		_	
Add				_	
Remove				_	<u> </u>
3) Change		_		_	
Add				_	
Remove				-	·
4) Change				_	
Add				_	
Remove				_	
5) Change		_		_	
Add				_	
Remove				_	
6) Change		_		_	
Add				_	
Remove					

E. If amending or ac	lding additional Arti sheets, if necessary).	cles, enter chans (Be specific)	ge(s) here:			
N/A	-	•				
						
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F. If an amendment	provides for an exch	ange, reclassific	ation, or cancell	ation of issued s	hares,	
(if not applie	able, indicate N/A)	nument it not co	mamed in the al	nenament usen.	•	
N/A						
			. =			
			_			
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•		<u></u>				

date this document was signed.		
} Effective date <u>if applicable</u> :	N/A	
	(no more than 90 days after amendment file date)	<u> </u>
Note: If the date inserted in the document's effective date on the	is block does not meet the applicable statutory filing requirements, this date will be Department of State's records.	not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) e sufficient for approval.	
☐ The amendment(s) was/were must be separately provided	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	
"The number of votes o	east for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder	
2/16/20 Dated Signature	Diki Al Objejo	_
sele	a director, president or other officer - if directors or officers have not been octed, by an incorporator - if in the hands of a receiver, trustee, or other court outted fiduciary by that fiduciary)	
	ERIKA M ESPEJO	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	