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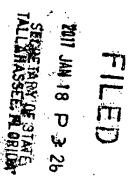
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COVER LETTER

TO: Amendment Section **Division of Corporations** DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Firm/ Company For further information concerning this matter, please call: Name of Contact Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □\$43.75 Filing Fee & **□\$43.75** Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed)

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment

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to **Articles of Incorporation**

Allehar Wellness "	Club Corp
PAGOCO THE OF Corporation as currently	filed with the Florida Dept. of State)
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "C word "chartered," "professional association," or the abbreviation "I	Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	1570 W 43PC 5097 7 1tialogH, F1, 22012
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amounting the anxiety and a root and (or or other all of or other all of or other all of other all other all of other all of other all of other all of other all other all of other all other all of other all of other all of other all of other all other all of other all of other all of other all of other all other all of other all of other all of other all other all of other all other all of other all of other all of other all other all other all of other all of other all other all of other all	
D. If amending the registered agent and/or registered office addr- new registered agent and/or the new registered office address:	ess in Fiorida, enter the name of the
Name of New Registered Agent PAMON Ro	CORNEGO FERDING
1570 W 42 (Florida stre	of PL Guft 7 met address) C 22012
New Registered Office Address:	(City) , Florida (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w	
	A SE SE
Signature of New R	egistered Agent, if changing,

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	FILING CANCELLED
			RETURNED CHECK
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	P	DUHANEYER HEGA	970 NW 128 ct miam?, F1, 3382
Add		·	miam, F1, 33/82
Remove		. 0	
2) Change	<u>UP</u>	Rubau Calero	970 NW 178 CT mjami, Fl, 33182
Add			11/1941/11/11/20186
Remove 3) Change			
Add			
Remove			
4) Change	?	Ramon Rodriguez	995 W 29 St Apt 208
Add Remove			
5) Change			
Add			
Remove			
6) Change	·		
Add			
Remove			

. If amending or adding additional Articles, enter change(s) here:	FILING CANCELLED	
(Attach additional sheets, if necessary). (Be specific)	RETURNED CHECK	
If an amendment provides for an exchange, reclassification, or cancellated provisions for implementing the amendment if not contained in the amendment if not applicable, indicate N/A)	tion of issued shares, endment itself:	

The date of each amendment(s) adoption date this document was signed.	on: 01/10/17	, if other than the
Effective date <u>if applicable</u> :	(no more than 90 days after amendme	ent file date)
Note: If the date inserted in this block document's effective date on the Department.		requirements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were adopted by the shareholders was/were sufficie	by the shareholders. The number of votes cast nt for approval.	for the amendment(s)
	d by the shareholders through voting groups. A voting group entitled to vote separately on the	
	ne amendment(s) was/were sufficient for appro	ual FILING CANCELI
by	(voting group)	RETURNED CHE
☐ The amendment(s) was/were adopted action was not required.	by the board of directors without shareholder	action and shareholder
☐ The amendment(s) was/were adopted action was not required.	by the incorporators without shareholder actio	n and shareholder
Dated 01/10/	2017 2017	
selected, by	or, president or other officer – if directors or of an incorporator – if in the hands of a receiver,	
appointed to	ductory by that fiduciary) ROMON ROSHIGUET IN	bonners
	(Typed or printed name of person signing	ng)
	HÆGDALT	
	(Title of person signing)	