P17000003687

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SECRETARY OF STATE

JUL 2 0 2017



COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: CONCIERGE N	MEN'S WELLNESS INC				
DOCUMENT NUMBER: P 17000003687					
The enclosed Articles of Amendment and fee are	e submitted for filing.				
Please return all correspondence concerning this	matter to the following:				
MUZAFFAR CHOUDHR	RY				
	Name of Contact Person	1			
CONCIERGE MEN'S WI	ELLNESS INC				
	Firm/ Company				
4800 N STATE RD 7 # F	4800 N STATE RD 7 # F103				
	Address	· · · · · · · · · · · · · · · · · · ·			
LAUDERDALE LAKES,	LAUDERDALE LAKES, FL 33319				
	City/ State and Zip Code	:			
MUZAFFARCHOUDHRY@H	OTMAIL.COM				
	used for future annual report	notification)			
For further information concerning this matter, pl MUZAFFAR CHOUDHRY					
	at () 240-6425 de & Daytime Telephone Number			
Name of Contact Person	Area Co	de & Daytime Telephone Number			
Enclosed is a check for the following amount made	de payable to the Florida Depa	rtment of State:			
S35 Filing Fee Scriffcate 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)			
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 to Articles of Incorporation of

CONCIERGE MEN'S WELLNESS INC.		
(Name of Corporation as curre	ntly filed with the Florida De	pt. of State)
P 17000003687		
(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, thits Articles of Incorporation:	is Florida Profit Corporation	adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:		
N/A		The new
name must be distinguishable and contain the word "corporat "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	· "Co". A professional corpo	porated" or the abbreviation ration name must contain the
B. Enter new principal office address, if applicable:	N/A	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)		-
		<u> </u>
		
C. Enter new mailing address, if applicable:	N/A	
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)		
		·
D. If amondian the color of the		
D. If amending the registered agent and/or registered office ad new registered agent and/or the new registered office addre	dress in Florida, enter the na	me of the
N/A		
Name of New Registered Agent		
	street address)	
New Registered Office Address:	W. C.	_, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Ager	ıt:	
hereby accept the appointment as registered agent. I am familian	r with and accept the obligation	ns of the position. 🔁,
••		AN THE
A (17	·	
	Registered Agent, if changing	
,		THOUSE
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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>	Address
1) Change	CEO	JOSE V COBA	4800 N STATE RD 7 #F103
_X _ Add			LAUDERDALE LAKES, FL 3331
Remove			
2) Change			
Add			
Remove			
3)Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

(Attach additional sheets, if necessary). (Be specific) N/A F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (If not applicable, indicate N/A) N/A	
(if not applicable, indicate N/A)	
<u>provisions for implementing the amendment if not contained in the amendment itself:</u> (if not applicable, indicate N/A)	
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(if not applicable, indicate N/A)	
1/A	

The date of each amendment(s) a	doption:	, if other than the
date this document was signed.	0/00/17	
0//1 Effective date <u>if applicable</u> :	2/2017	
<u></u>	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bedocument's effective date on the De	block does not meet the applicable statutory filing requirements, this date epartment of State's records.	will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) efficient for approval.	
☐ The amendment(s) was/were app must be separately provided for	proved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	ı
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
action was not required.	opted by the board of directors without shareholder action and shareholder opted by the incorporators without shareholder action and shareholder	
•		
07/12/2017 Dated		
Signature	n Amy	
(By a d selected	irector, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)	
	MUZAFFAR CHOUDHRY	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	

07/12/2017