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| (Requestor's Name) | | |
|---|--|--|
| (Address) | | |
| (Address) | | |
| (City/State/Zip/Phone #) | | |
| | | |
| (Business Entity Name) | | |
| (Document Number) | | |
| Certified Copies Certificates of Status | | |
| Special Instructions to Filing Officer: | | |
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| Office Use Only | | |



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COVER LETTER

FO: Amendment Section Division of Corporations

NAME OF CORPORATION: _

DOCUMENT NUMBER: P17000013456

The enclosed Articles of Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

LIGIA S PEGUEROS

Name of Contact Person-

SERENTLY MASSAGES INC.

Firm/ Company.

1408 N KILLIAN DRIVE SUITE 201

Address

LAKE PARK, FL 33403

City/ State and Zip Code

allbookeeping@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call;

LIGIA S PEGUEROS

Name of Contact Person

at $(\frac{561}{\text{Area Code & Daytime Telephone Number}} = \frac{644-5389}{561697-9124}$

Enclosed is a check for the following amount made payable to the Florida Department of State:

🔳 - \$35 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)

Mailing Address

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

Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

| | of |
|--|---|
| ERENITY MASSAGES INC | |
| (Name of Corporati | on as currently filed with the Florida Dept. of State) |
| 17000013456 | |
| (Docur | ient Number of Corporation (if known) |
| ursuant to the provisions of section 607.1006, Florid s Articles of Incorporation: |) Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment |
| . If amending name, enter the new name of the co | prporation: |
| | The new |
| ame must be distinguishable and contain the word "co "Inc.," or Co.," or the designation "Corp." "Inc. "chartered." "professional association," or the abbie | reporation," "company," or "incorporated" or the abbreviation "Corp., " " or "Co". A professional corporation name must contain the word viation "P.A." |
| B. <u>Enter new principal office address, if applicable</u> Principal office address <u>MUST BE A STREET ADI</u> | |
| | |
| . Enter new mailing address, if applicable: | |
| (Mailing address <u>MAY BE A POST OFFICE BO</u> | <u></u> |
| | |
| | |
| | |
| If amending the registered agent and/or registered new registered agent and/or the new registered | <u>ed office address in Florida, enter the πame of the</u> office address: |
| Name of New Registered Agent | |
| Sugery Sew Registered Agent | |
| | (Florida street address) |
| | |
| <u>Nev. Registered Office Address:</u> | , Florida (Civy) (Zip Code) |
| | |

<u>New Registered Agent's Signature, if changing Registered Agent:</u> Thereby accept the appointment as registered agent. Tam Jamiliar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

Check if applicable

. .

L The amendment(s) is 'are being filed pursuant to s. 607.0120 (11) (c), 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)

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Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Scoretary; D = Director; TR = Trustce; 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:

.

| <u>X</u> Change | <u>P1</u> | John Doe | |
|-------------------------------|--------------|------------------|-------------------|
| <u>X</u> Remove | <u>N</u> | Mike Jones | |
| <u> X</u> Add | <u>SV</u> | Sally Smith | |
| Type of Action (Check One) | <u>Title</u> | Name | Address |
| 1) Change | νт | DIANA BERNAL | 228 Longshore Dr |
| XAdd | | | lupiter, FL 33458 |
| Remove | | | |
| 2) X Change | P S | LIGIA S PEGUEROS | 228 Longshore Dr |
| Add | | | Jupiter, FL 33458 |
| Remove 3.) Change | | | |
| Add | | | |
| Remove | | | |
| 4) Change | <u></u> | | |
| Add | | | |
| Remove | | | , |
| 5) Change | | | |
| Add | | | <u> </u> |
| Remove | | | |
| ර) Change | | | |
| Add | | | |
| Remove | | | |

| 2 16 | lina additional Anti | icles, enter change(s) | b |
|------|---------------------------|------------------------|----------------|
| | | | |
| - | lects, if necessary). | | <u>incre</u> . |

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| 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) | |
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06/24/2021

The date of each amendment(s) adoption: _____ date this document was signed.

Effective date <u>if applicable</u>:

(no more than 90 days after amendment file date).

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

- The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.
- The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
- The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):

"The number of votes cast for the amendment(s) was were sufficient for approval

by _____(voting group) 06/24/2021 Dated í 'll Signature (By a director, desident or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary) LIGIA S PEGUEROS (Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

, if other than the