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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	<u> </u>	MASSAGE INC			
DOCUMENT NUMB	ER:				
The enclosed Articles of	f Amendment and fee are su	abmitted for filing.			
Please return all corresp	nondence concerning this ma	atter to the following:			
l	Paulina Seppanen				
-		Name of Contact Perso	n		
1	McGoey, Sharfi & Co CPAs PA				
-	Firm/ Company				
	539 E Ocean Ave Ste 101				
	Address				
1	Boynton Beach, FL33435				
-		City/ State and Zip Cod	e		
mjmeg	goey@aol.com				
		sed for future annual report	notification)		
For further information Paulina Seppanen	concerning this matter, plea		73.1.8509		
Name of Contact Person		at (561			
Name of	Comact reison	Area Co	ide & Daytine Felephone Number		
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:		
■ \$35 Filing Fee	☐S43.75 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		Amenc Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle		

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

TAYLOR MADE MASSAGE INC

(Name of Corporation a	s currently filed with the Florida Dept. of State)
P17000048616	
(Document	Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Staits Articles of Incorporation:	atutes, this Florida Profit Corporation adopts the following amendment(
A. If amending name, enter the new name of the corpo	ration:
N/A	The new
	corporation," "company," or "incorporated" or the abbreviation Inc," or "Co". A professional corporation name must contain the
D. Posterior and the second second	N/A
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRE</u> .	<u>SS</u>)
	•=
C. Enter new mailing address, if applicable:	N/A
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	19/4
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office.	
N/A	9: 15: 15: 15: 15: 15: 15: 15: 15: 15: 15
Name of New Registered Agent	
	3
'	(Florida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Register	red Agent:
I hereby accept the appointment as registered agent. I am	i familiar with and accept the obligations of the position.
Signatura	e of New Registered 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.

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) X Change	P	TAYLOR OCTAVIA	1804 N DIXIE HWY STE A
Add			WEST PALM BEACH, FL 33407
Remove			
2) Change			
Add			
Remove			
3) Change		<u> </u>	
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary).	(Be specific)			
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				<u> </u>
				
				
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		·	<u>-</u>	
				
				
f an amendment provides for an excl	nange, reclassification,	or cancellation of iss	ued shares,	
provisions for implementing the ame	ndment if not containe	d i <u>n the amendment</u>	itself:	
(if not applicable, indicate N/A)				

The date of each amendment(s) a	doption:	, if other than the
date this document was signed.	26/17	
Effective date <u>if applicable</u> :	· · · · · · · · · · · · · · · · · · ·	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirements, this date epartment of State's records.	e will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were ad by the shareholders was/were so	opted by the shareholders. The number of votes cast for the amendment(s) afficient for approval.	
	proved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	N .
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	. "	
,	(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	
action was not required.	speed by the meorphiators without shareholder action and shareholder	
07/26/17 Dated	C SE	
Signature	luc lus	
(By a c selecte	lirector, 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 ted fiduciary by that fiduciary)	
	OCTAVIA TAYLOR	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	