

(Req	uestor's Name)	
(Add	ress)	
(Add	ress)	
(City	/State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(Bus	iness Entity Nar	me)
(Doc	ument Number)	
Certified Copies	Certificate:	s of Status
Special Instructions to F	iling Officer:	

Office Use Only



500350128845

06/10/20--01004--004 4:43.75

RECEIVED AUG 1 7 2020

Antendicis

OCT JURING

COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION:		PIEL 4	DESIPLOUD	weel
NAME OF CORPORATION: 10571TUT	DE CIENCIA	2 HOMS	TICLS CUIDS	DO DE
DOCUMENT NUMBER: 2 170000	50915			
The enclosed Articles of Amendment and fee are so	ubmitted for filing.			
Please return all correspondence concerning this m	atter to the following:			
Victo	Name of Contact Person			
	Firm/ Company			
3120 W. HAL	Address			
<u> </u>	City/ State and Zip Cod	300 1		
E-mail address: (to be to	SECTION OF	notrication)	· com	
For further information concerning this matter, plea		<u> </u>		
Victor W. Jim Eder Name of Contact Person	at (<u>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</u>) <u>204</u> ode & Davtime T	-3521	
Enclosed is a check for the following amount made				
	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)		ing Fee of Status opy I Copy	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	Ameno Divisio	Address dment Section on of Corporatio Centre of Tallah		

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation

01	a - 13 5000
\mathcal{D}_{ESAG}	TOLLO HOULE
Of DESOR TASTITUTO DE CICACAS HOLISTICAS, CUIDADO DE (Name of Corporation as currently filed with the Florida Dept. of Sta	ELA PIEL Y
P17000050915	 .
(Document Number of Corporation (if known)	
arsuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the Articles of Incorporation:	e following amendment(s) to
. If amending name, enter the new name of the corporation:	
$A \subset A$	The new
ame must be distinguishable and conlain the word "corporation," "company," or "incorporated" or the o lnc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name m chartered," "professional association," or the abbreviation "P.A."	abbreviation "Corp.,"
Enter new principal office address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	
	<u></u>
	702
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
The state of the s	
	<u>~_ '</u>
	<u> </u>
. If amending the registered agent and/or registered office address in Florida, enter the name of the	<u>∵</u> .
new registered agent and/or the new registered office address:	<u>c</u> 0
Name of New Registered Agent Name	
ľ	
(Florida street address)	
New Registered Office Address: V A , Florid	la (Zip Code)

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), 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)

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: <u>X</u> Change	<u>PT</u>	John Doc	
X Remove	Y	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change		<u> </u>	
Add		, i	
Remove			
2) Change	**	a u	
Add		,	
Remove Change		_ D N	
Add			
Remove			
4) Change		4 4	
Add			
Remove			
5) Change		_ A Z/	
Add			
Remove			
6) Change		_ <u>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</u>	
Add		•	
Remove			

	adding additional Artical sheets, if necessary).	cles, enter chang (Be specific)	<u>ge(s) here</u> :		
キュミリ	ac skin) c	cale a	Elvices	>	
wass	OGE THE	lapy s	ELVICES	•	
		·			
					·
				**-	
7				· · · · · · · · · · · · · · · · · · ·	
	·			· · · · · · · · · · · · · · · · · · ·	
 .					
-			· · · · · · · · · · · · · · · · · · ·		
<u>provisions for</u>	nt provides for an exchain plementing the amen	ange, reclassific: idment if not co	ation, or cancellat ntained in the am	ion of issued shar endment itself:	es,
(if not appl	icable, indicate N/A)				
	- N/2	<u> </u>			
		 -			
·					

•		
The date of each amendment(s) adoption date this document was signed.	ion: 08 09 2020	, if other than the
Effective date if applicable:	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block document's effective date on the Departm	does not meet the applicable statutory filing requirements, this date wil nent of State's records.	I not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopted action was not required.	by the incorporators, or board of directors without shareholder action and	l shareholder
☐ The amendment(s) was/were adopted by the shareholders was/were sufficient	by the shareholders. The number of votes cast for the amendment(s) ent for approval.	
	d by the shareholders through voting groups. The following statement voting group entitled to vote separately on the amendment(s):	
"The number of votes east for th	heamendment(s) was/were sufficient for approval	
by) \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
	or, president or other officer if directors or officers have not been	
	an improporator – if in the hands of a receiver, trustee, or other court duciary by that fiduciary)	
	(Typed or printed name of person signing)	
	PLESIDENT	
	(Title of person signing)	