

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H180001167203)))



H180001167203ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:				
	Division of Cor	porations		
	Fax Number	: (850)617-6380		
From:		•		
	Account Name	: LAZARUS CORPORATE FILING SERVICE, INC.	1	ā
	Account Number			G
	Phone	: (305)552-5973	ر سد. ایادین ناه	-
	Fax Number	: (305)675-5944	1	=
		•		-
		•		
**Ente	r the email add:	ess for this business entity to be used for futu		• `
;	anqual report ma	ilings. Enter only one email address please.**	₹ !~~	70
			<u> </u>	- 12
1	Email Address:			Ģ
				Ċ

COR AMND/RESTATE/CORRECT OR O/D RESIGN LOVELY THERAPY, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

APR 13 2018

S. YOUNG

18 APR 12 PM 4:
SECRETARY OF STANLAR ASSEE, FL

Electronic Filing Menu

Corporate Filing Menu

Help

4 , 4	9052201440	LAZARUS CORPOR	ATE	PAGE 02/02	
2/2018 15:31 3	000ZZ0Z , TO	1110			
÷		H18006 11672	D		
·	A	rticles of Amendment to			
	Ar	ticles of Incorporation			
Lov	ely Tr	rerany.	Inc		
	017.00				
Florida Document Nu	imber: PT 000	0052972	,		
Pursuant to the provis	tions of section 607.1006 t(s) to its Articles of Inco	5, Florida Statutes, this Florida Statutes	orida Profit Corpora	ition adopts the	
· · ·		Judith	Sanson		
	. ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	CONTIN	0-11/301/		
ndd.	0011 / 10	ndrea R			
HUCH.	1011 7 7		estrepo	<u>as</u>	٠٠٠ ٢٠٠٠
(P)	A CK	•	SHARE H)LDEIC	اد رد رزد اس هاگاه دون
5	000	<u>SW 135</u>	AVR_		
	F114				_
<u> </u>	Miami	ギレ	33183	3 3	1
			ę	7	e History
			•		
		·			
.		1 / 12/18	3		• • • •
	iment were adopted on		 ,	and the author	
The corporation has on votes east for amendme	ent was sufficient for appro	ck. This amendment was approval.	TOVER by the sharehold		
		LANGERA SA			
		Signature		1	er .
1	DOLLY A	NAMED RES	TREPO Pro	sider ()	
	,	Littler tamble and time			
New Registered Agent	's Signature, if changing R Intment as registered agent. I	egistered Agent: am familiar with and accept th	he obligations of the posit	ion .	\$ 450 M