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S. YOUNG SEP 0 6 2017

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: LAUREN SP	A AESTHETICS CENTER, INC.
DOCUMENT NUMBER: P17000059972	
The enclosed Articles of Amendment and fee a	re submitted for filing.
Please return all correspondence concerning th	s matter to the following:
DANIA LAURENCIO	
LAUREN SPA AESTH	Name of Contact Person ETICS CENTER, INC.
2432 SW 102 PL	Firm/ Company
MIAMI, FL 33165	Address
	City/ State and Zip Code
dania.laurencio@yahoo.com	
E-mail address: (to	be used for future annual report notification)
For further information concerning this matter,	please call:
DANIA LAURENCIO	786 203-4631
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount n	 nade payable to the Florida Department of State:
■ \$35 Filing Fee □\$43.75 Filing Fee Certificate of State	
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

LAUREN SPA AESTHETICS CENTER, INC.

(<u>Name of Co</u>	rporation as currently filed with the Florida Dept. of State)
P17000059972	
1	lin and the control of the control o
	(Document Number of Corporation (if known)
Pursuant to the provisions of section 607.1006 its Articles of Incorporation:	Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of	 of the corporation:
	The new
"Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association,	the word "corporation," "company," or "incorporated" or the abbreviation "Corp," "Inc," or "Co". A professional corporation name must contain the or the abbreviation "P.A."
B. Enter new principal office address, if ap	 plicable:
(Principal office address MUST BE A STREE	
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF) D. If amending the registered agent and/or new registered agent and/or the new reg	registered office address in Florida, enter the name of the
	(Florida street address)
New Registered Office Address:	. Florida
	(City) (Zip Code)
New Registered Agent's Signature, if chang I hereby accept the appointment as registered	ing Registered Agent: agent. I am familiar with and accept the obligations of the position.
	Signature of New Registered Agent, if changing

Please note the officer/d	irector tit	le by the first	letter of the office title:	
P = President; V = Vice	Presiden	it; T= Treasi	rer; S= Secretary; D= Director; TI	R= Trustee; C = Chairman or Clerk; CEO = Chief
Executive Officer; CFO	= Chief	Financial Of	ficer. If an officer/director holds m	ore than one title, list the first letter of each office
held. President, Treasur	er, Direct	tor would be .	PTD.	
Changes should be noted	d in the fo	ollowing man	ner. Currently John Doe is listed as	the PST and Mike Jones is listed as the V. There is
a change, Mike Jones te	aves the c	corporation, . Hs Cariota CV	Sally Smith is named the V and S. Th	hese should be noted as John Doe, PT as a Change,
Mike Jones, V as Remov Example:	e, una sa	uy smun, sv	as un Aaa. 	
X Change	PT	John Doe		
X Remove	<u>v</u>	Mike Jone:		
X Add	<u>sv</u>	Sally Smith	 	
Type of Action (Check One)	Title	<u>N</u>	 <u>ame</u> 	<u>Addres</u> s
1) Change	v	^	 INGEL MANUEL GONZALEZ 	2432 SW 102 PL
X Add				MIAMI, FL 33165
Remove			\ 	
2) Change		– -		
Add				
Remove				
3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) (2)				
5) Change Add			 	
Remove				
Kemove				
6) Change				
Add				<u> </u>
Remove				

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)

(Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
<u> </u>	<u> </u>
If an amendment provides for an exch	 ange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
(i) not applicable, malcule N/A)	
	II

The date of each amendment(s date this document was signed.	s) adoption:	, if	other than the
Effective date <u>if applicable</u> :	08/24/2017		
		(no more than 90 days after amendment file date)	
Note: If the date inserted in the document's effective date on the	is block does no Department of S	ot meet the applicable statutory filing requirements, this date will not b State's records.	e listed as the
Adoption of Amendment(s)	(CHI	ECK ONE)	
☐ The amendment(s) was/were by the shareholders was/were	adopted by the see sufficient for a	shareholders. The number of votes cast for the amendment(s) pproval.	
☐ The amendment(s) was/were must be separately provided	approved by the for each voting	shareholders through voting groups. The following statement group entitled to vote separately on the amendment(s):	
"The number of votes of	ast for the amend	dment(s) was/were sufficient for approval	
by		.,	
	(vo t i) 	ng group)	
☐ The amendment(s) was/were action was not required.	adopted by the b	poard of directors without shareholder action and shareholder	
The amendment(s) was/were action was not required.	adopted by the i	ncorporators without shareholder action and shareholder	
08/24/2 Dated	017		
Signature	a fa	22	
(By	a director, president	dent or other officer – if directors or officers have not been	
app	ointed fiduciary	porator – if in the hands of a receiver, trustee, or other court by that fiduciary)	
	DANIA LAI	 URENCIO 	
	(7	Typed or printed name of person signing)	 -
	PRESIDENT		
		(Title of person signing)	
		II	