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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: WELL	SPRING (SARDENS INC
DOCUMENT NUMB	er: <u>P1700</u>	0101041	
The enclosed Articles of	f Amendment and fee are s	ubmitted for filing.	
Please return all corresp	ondence concerning this ma	atter to the following:	
	DONOVAN	BALTICH	
_	<u> </u>	Name of Contact Person	
_	WELLSPA	Firm/ Company	DENS INC
_	5504 OA	Firm/ Company KWAY DR Address	
_	LAKELANI	Address FL 33 City/ State and Zip Coc	805
	E-mail address: (to be u	of Gardens sed on future annual report	@ gmail.com
For further information	concerning this matter, plea	se call:	
DONOVAN	BALTICH	at 863	210 0768
Name of	Contact Person	Area Co	ode & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Dep.	artment of State:
\$35 Filing Fee	□\$43.75 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)
Mailir	ng Address	Street	Address

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

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

	DENS /N ion as currently filed		lant of State)			
P17000101041	ion as currently med	with the Fioritia i	<u>Jept. or State</u>)			
	ment Number of Corpo	oration (if known)				
Pursuant to the provisions of section 607,1006, Florida its Articles of Incorporation:	a Statutes, this <i>Florida</i>	ı Profit Corporatio	n adopts the fo	llowing	amend	lment(s) to
A. If amending name, enter the new name of the co	orporation:					
					The n	
name must be distinguishable and contain the wor "Corp.," "Inc.," or Co.," or the designation "Corp. word "chartered," "professional association," or the	o." "Inc." or "Co". $^{\prime\prime}$	mpany," or "ince A professional corp	orporated" or voration name	the ab. must ce	breviat ontain	ion the
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADL						_
				- (C) - (C) - (C)	rir 610	_
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u></u>				8-7	7223] — ;===0
					AM 8:	- -
	**					_
D. If amending the registered agent and/or register new registered agent and/or the new registered		lorida, enter the	name of the			
Name of New Registered Agent						
·	(Florida street addre	ess)	<u>-</u>			
New Registered Office Address:			Florida			_
	(City)			(Zip Ce	ode)	
New Registered Agent's Signature, if changing Reg	distored Agents					
I hereby accept the appointment as registered agent.	Lam familiar with and	l accept the obligat	ions of the posi	tion.		

Signature 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)

Remove

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.

Mike Jones, V as Remove Example:	e, and Sa	dly Smith. SV as an Add.	
X Change	<u> 14</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
<u>X</u> Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	5	HEATHER R SMITH	692 ARBOR GLEN CIRCL
X Add			#209
Remove			LAKELAND, FL 33805
2) Change			
Add			
Remove			
3) Change		_	
Add			
Remove			
4) Change			
Add			
Remove			
51 Change			
Add			
Remove			
6) Change		_	
Add			

Attach additional sheets, if necessary).	(Be specific)				
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F			6. 1.1		
f an amendment provides for an exch provisions for implementing the ame	ndment if not conta	ined in the amend	dment itself:	و	
(if not applicable, indicate N/A)					
· · · · · · · · · · · · · · · · · · ·		<u> - ,</u>			
			-		
			-		
-				<u>-</u>	

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The date of each amendment(s) adoption:	_, if other than the
Effective date if applicable: 6 JULY 2019 (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 a document's effective date on the Department of State's records.	ot be listed as the
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
☐ 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)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 6 JULY 2019	
Signature (By a directors president 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)	
DONOVAN BALTICH	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	