P181000 46356

(Re	questor's Name)	
(Add	dress)	
(Ade	dress)	
(City	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to I	Filing Officer:	
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COVER LETTER

TO: Amendment Section

Division of Corporations
NAME OF CORPORATION: DOCTOR. POOL AND SPATNC
DOCUMENT NUMBER: P 180000 46386
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Franklin Beltres Name of Contact Person
Firm/ Company
1545 NW 130 St Address
Address HIAmi FL 33167 City/ State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Tranklin Beltres at (786) 260 FF5 Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
S35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) S43.75 Filing Fee & Certified Copy (Additional Copy is enclosed)
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

	of	oration		
_ Doctor to		ND SP	AIn	C
(Name of Corpora	tion as currently fil	ed with the Florid	a Dept. of State)	
	000463			
	iment Number of Co)	
Pursuant to the provisions of section 607.1006, Floridits Articles of Incorporation:		,	•	owing amendment(s)
A. If amending name, enter the new name of the o	corporation:			
name must be distinguishable and contain the wa "Corp" "Inc.," or Co.," or the designation "Corpword "chartered," "professional association," or the	D. The or "Ca"	A professional c.	ncorporated" or to orporation name n	The new he thereviation must contain the
B. Enter new principal office address, if applicable	le-			32
(Principal office address MUST BE A STREET AD	DRESS)	-		
	-			
	_		·	٠٠ نئ ا
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>2X</u>)			·
D. If amending the registered agent and/or registered new registered agent and/or the new registered	red office address i office address:	n Florida, enter th	e name of the	<u> </u>
Name of New Registered Agent	· · · · · · · · · · · · · · · · · · ·		<u> </u>	
-	(Florida street ad	idress)		
New Registered Office Address:			, Florida	
	(City)		, TIONUA	Zip Code)
New Registered Agent's Signature, if changing Registered agent.	zistered Agent: I am familiar with a	and accept the oblig	ations of the positio	on.
And the second				
Sign	ature of New Registe	red Agent if chang	ring	

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:					
X Change	<u>PT</u>	<u>John Doe</u>			
\underline{X} Remove	<u>V</u>	Mike Jones	<u> </u>		
X Add	<u>\$V</u>	Sally Smith	1		
Type of Action (Check One)	<u>Title</u>		<u>ame</u>		<u>Addres</u> s
1) Change	Pras	sident _	Franklin	Beltras	1545 NW 130St
Add Add					Mianui F13316
Remove					
2) Change					
Add					
Remove					
3) Change		 -			
Add					
Remove					
4) Change					
Add					
Remove					
5) Change					
Add					
Remove					
6) Change					
Add					
Remove					

f amending or adding additional Ar Attach additional sheets, if necessary)	. (Be specific)	·		
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f an amendment provides for an ex- provisions for implementing the am	change, reclassifica	tion, or cancellation	on of issued shares,	
(if not applicable, indicate N/A)	iendinent ii not con	itamed in the amer	idiffent itsen.	
				
				-

The date of each amendment(s) adoption:date this document was signed.	8-8-1	8	, if other than
Effective date if applicable:	8 10-		
	(no more than 90 days a	fter amendment file date)	
Note: If the date inserted in this block does not document's effective date on the Department of St		tutory filing requirements, this date will	not be listed as
Adoption of Amendment(s) (CHE	CK ONE)		
☐ The amendment(s) was/were adopted by the sh by the shareholders was/were sufficient for ap		of votes cast for the amendment(s)	
☐ The amendment(s) was/were approved by the s must be separately provided for each voting g			
"The number of votes cast for the amend	ment(s) was/were suffici	ent for approval	
by	g group)	·"	
(voun	g group)		
☐ The amendment(s) was/were adopted by the boaction was not required.	pard of directors without	shareholder action and shareholder	
☑ The amendment(s) was/were adopted by the in action was not required.	corporators without shar	eholder action and shareholder	
Dated	18 .		
	<u> </u>	•	
Signature A		irectors or officers have not been	_
selected by an incorr	ent or other officer – if a porator – if in the hands of	of a receiver, trustee, or other court	
appointed fiduciary b			
	Franklin yped or printed name of	Betres	
(T	yped or printed name of	person signing)	
	President		
	(Title of persor	ı signing)	

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