P19000015795

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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: NICOLA BAKES
DOCUMENT NUMBER: <u>P19000015795</u>
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Micolen Baker (Name of Contact Person)
Brazilian Body wrap Spa Corp (Firm/Company)
6066 Shephood (Slen Way April 2 (Address)
(*
Whood forling Boach PL 33415 (City/State and Zip Code)
(City/State and Zip Code)
For further information concerning this matter, please call:
Micola Baker at (796) 444-7188
(Name of Contact Person) (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount:
Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional copy is enclosed) Certified Copy (Additional copy is enclosed)
Mailing Address: Street Address:
Amendment Section Amendment Section Division of Corporations Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

P.O. Box 6327

Tallahassee, FL 32314

Articles of Amendment to

Articles of Incorporation of

Brazilian body wrap Spa G	>rp	
	filed with the Florida Dept. of State)	
<u>P19000015795</u>		
(Document Number of t	Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Fi</i> its Articles of Incorporation:	lorida Profit Corporation adopts the following	ng amendment(s) to
A. If amending name, enter the new name of the corporation:		
Spg Oween LLC Corp		The new
name must be distinguishable and contain the word "corporation," "colline," or Co.," or the designation "Corp," "Inc," or "Co". A particle of the abbreviation "P.A." or the abbreviation "P.A."	mpany," or "incorporated" or the abbreviati professional corporation name must contai	n "Corp.," in the word
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)		
÷.		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	2 journal oct
		<u>N</u>
D. If amending the registered agent and/or registered office addres	s in Florida, enter the name of the	2: 5
new registered agent and/or the new registered office address:		<u>c</u>
Name of New Registered Agent		-
(Florida street	address)	•
New Registered Office Address:	Florida	 _
(Ci	(Zip C	'ode)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with		
Signature of New Regis	stered Agent, if changing	
Check if applicable The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e),		

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 = ChiefExecutive 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>	John Doe			
X Remove	<u>V</u>	Mike Jones			
\underline{X} Add	<u>SV</u>	Sally Smith			
Type of Action (Check One)	<u>Title</u>	<u>Na</u>	<u>ime</u>	٨	Address
1) Change				NH	
Add					
Remove					
2) Change					
Add					
Remove 3) Change					
Add					
Келюче					
4) Change		<u></u>			
Add					
Remove					
5) Change		_			
Add					
Remove					
5) Change					
Add					
Remove					

Attach additiona	adding additional And sheets, if necessary)	. (Be specific)	nzotaj nei <u>e</u> .			
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f an amendmen	nt provides for an ex	change, reclassif	ication, or cancell	ation of issued s	hares,	
<u>provisions for i</u> (if not appli	implementing the anicable, indicate N/A)	<u>iendment if not c</u>	ontained in the a	mendment itself	<u>:</u>	
	N)	4				
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The date of each amendment(s) adoption:	, if other than the
Effective date if applicable: OCT 10 2020 (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 document's effective date on the Department of State's records.	
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action an action was not required.	d shareholder
☐ 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	
(voling group)	
Dated 00-10/200-0	
Signature	
(By a director, 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)	
Nilolg Baker	
(Typed or printed name of person signing)	
president	
(Title of person signing)	