## PA0000 41735

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CO	RPORATION: SERENITY MEDI	ICAL & SPA INC	
	IUMBER: p19000041735		
The enclosed Ar	ticles of Amendment and fee are su	bmitted for filing.	
Please return all	correspondence concerning this ma	tter to the following:	
	DANAIRIS QUINONES		
		Name of Contact Person	ר
	SERENITY MEDICAL & SI	PA INC	
		Firm/ Company	
	4220 SW 97 PL		
		Address	
	MIAMI, FLORIDA 33165		
	<del></del>	City/ State and Zip Cod	c
	dquinones90@yahoo.com		
		sed for future annual report	notification)
	·	·	·
For further infor	mation concerning this matter, pleas	se call:	
DANAIRIS QU	INONES	786	506-6457
N	lame of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a che	eck for the following amount made	payable to the Florida Depa	artment of State:
S35 Filing F	ec S43.75 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)
	Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Amend Divisio Clifton	Address Iment Section on of Corporations Building executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

SERENITY MEDICAL & SPA INC			
(Name of Corporation as curre	ently filed with the Flo	rida Dept. of State)	<del></del>
P19000041735			
(Document Numbe	er of Corporation (if kno	own)	
Pursuant to the provisions of section 607.1006, Florida Statutes, thits Articles of Incorporation:	his <i>Florida Profit Corp</i>	poration adopts the following	g amendment(s) t
A. If amending name, enter the new name of the corporation:			
N/A			The new
name must be distinguishable and contain the word "corpora" "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," o word "chartered," "professional association," or the abbreviation	r "Co". A profession		
B. Enter new principal office address, if applicable:	N/A		~
(Principal office address <u>MUST BE A STREET ADDRESS</u> )		15. 12.0	19
		A.F.	l games
C. Enter new mailing address, if applicable:	N1/4	75°C	P TT
(Mailing address MAY BE A POST OFFICE BOX)	N/A	ng -	<b>=</b> 0
		开了	: <u>બ</u> ૂ
	<del> </del>	1-1:	<del></del>
	<del></del>		
D. If amending the registered agent and/or registered office a	<del></del> -	er the name of the	
new registered agent and/or the new registered office addr	ress:		
Name of New Registered Agent N/A			
(Florida	street address)		
New Registered Office Address:		, Florida	
New Registered Office Address.	(City)	Zip (	lode)
New Registered Agent's Signature, if changing Registered Age		gar ja garan sa	
I hereby accept the appointment as registered agent. I am familia	ar with and accept the c	obligations of the position.	

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)

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>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	VP	JOSE A NUNEZ	9301 SW 41 ST
X Add			MIAMI, FLORIDA 33165
Remove			
2) Change			
Add			<del></del>
Remove			
3 ) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	necessary). (Be speci	change(s) here: fic)		
		_		
·····		······································		
<del> </del>		-		
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			<del> </del>	
f an amendment provides provisions for implement	for an exchange, recl	assification, or cancell	ation of issued shares,	
(if not applicable, indi	icate N/A)	not contained in the a	menument usen.	
	<del>.</del>			
	_	<del>.</del>		

	MAY 11, 2019	
The date of each amendment(s)		, if other than t
date this document was signed.		
M Effective date <u>if applicable:                                    </u>	AY 11, 2019	
	(no more than 90 days after amendment file date)	<del></del>
Note: If the date inserted in this document's effective date on the	s block does not meet the applicable statutory filing requirements, this date Department of State's records.	will not be listed as t
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
N/A by	."	
,	(voting group)	
action was not required.	dopted by the board of directors without shareholder action and shareholder dopted by the incorporators without shareholder action and shareholder	
action was not required.		
MAY 11 Dated	, 2019	
Signature		
(By a selec	director, president or other officer – if directors or officers have not been eted, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)	
	DANAIRIS QUINONES	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	•