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JUL 2 7 2019 S. YOUNG

COVER LETTER

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TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: MOYOCCAN SOLON AND SPOR				
DOCUMENT NUMBER: WIG COOU48068				
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Maria Marlin Name of Contact Person				
Moroccan Salen and Sa Firm/Company				
1455 Maliby Cir NE Unit 105				
Palm Bay Fl 32 Cros City/ State and Zip Code				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Mamaria May N at (32) 214-4348 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:				
\$35 Filing Fee Certificate of Status Certificate of Status Certificate of Status Certificate of Status (Additional copy is enclosed) Certificate of Status Certified Copy (Additional Copy is enclosed)				
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton Building				
Tallahassee, FL 32314 2661 Executive Center Circle				

Tallahassee, FL 32301

Articles of Amendment

to

Articles of Incorporation of C

Moroccan Salon and	Spa
(Name of Corporation as currently	filed with the Florida Dept. of State)
W19000048068	
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	clorida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Coword "chartered," "professional association." or the abbreviation "F	o". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	1455 Malibu Cir NE Unit
	PolmBay Fl 32905
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered office address: new registered agent and/or the new registered office address:	ss in Florida, enter the name of the
Name of New Registered Agent YOUNGCLA	Marko
New Registered Office Address: Palm Bay 1	et address) Florida 3-905 (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar wi	
Signduare of New Re	gistered 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> <u>John I</u>	Doe			
X Remove	V Mike	Jones			
X Add	SV Şally Smith				
Type of Action (Check One)	Title	<u>Namc</u>	Address		
1) Change	MGRM	Jessica Waymire	1239 Hogina StN Palm Pay F1,32907		
Add			Polm Pay F1, 32907		
<u>⊀</u> Remove					
2) Change					
Add					
Remove					
3) Change			 -		
Add					
Remove					
4) Change					
Add					
Remove					
5) Change					
Add					
Remove					
6) Change					
Add					
Remove					

macii didamini	l sheets, if necessary).	(Be specific)			
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	mplementing the ame icable, indicate N/A)	endment if not contained	in the amendment	itselt:	
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The date of each amendment(s) adoption:	, if other than the
Effective date if applicable:	
(no more than 90 days after amendment file da	te)
Note: If the date inserted in this block does not meet the applicable statutory filing requirement document's effective date on the Department of State's records.	ents, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the are by the shareholders was/were sufficient for approval.	mendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The follow must be separately provided for each voting group entitled to vote separately on the amendment.	ring statement vent(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 action was not required.	shareholder
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shar action was not required.	reholder
Dated 7/16/19	
Signaturo (By a director, president or other officer – if directors or officers have	e not been
selected, by an incorporator - if in the hands of a receiver, trustee, of	
appointed fiduciary by that fiduciary)	
Jessica Waymire	
(Typed or printed name of person)signing)	
MORM	
(Title of person signing)	