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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

NAME OF CORPORATION: Infinity Wellness Studio INC.				
DOCUMENT NUMBER:				
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Alicia Polite  Name of Contact Person  Tofficity Wellness Studio  Firm/ Company				
Infinity Wellness Studio Firm/Company				
351 Crossing blud Apt 622 Address				
Orange Park, Fr. 32013 City/ State and Zip Code				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Alicia Poite at (404) 337-5570  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)  Certified Copy (Additional Copy is enclosed)				
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of Corporations				

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

## Articles of Amendment to Articles of Incorporation of

LAtinital Welling	ess Studio	10C.	<u> </u>
(Name of Co	rporation as curren	tly filed with the Florida Dept. of State) -	120
P2000027	0210		`(;>
1,000021		of Corporation (if known)	<del>, , ,</del> , ,
	(Isocument Isomire)	or corporation (ir known)	
Pursuant to the provisions of section 607.1006 its Articles of Incorporation:	, Florida Statutes, this	s Florida Profit Corporation adopts the follow	ving amendmé
A. If amending name, enter the new name	of the corporation:		
01A			The new
name must be distinguishable and contain the "Inc.," or Co.," or the designation "Corp, "chartered," "professional association," or t	" "Inc," or "Co",	"company," or "incorporated" or the abbrevio A professional corporation name must com "	ition "Corp.," tain the word
3. Enter new principal office address, if ap		6100 Greenland Ad	
Principal office address <u>MUST BE A STRE</u>	ET ADDRESS )	Ste 301	·····
		Jacksonville, Fr 322	-58
(Mailing address MAY BE A POST OFF  ). If amending the registered agent and/or new registered agent and/or the new reg	registered office add		<u> </u>
Name of New Registered Agent	NA		
	$\sim$	u A	
<del>-</del>	(Florida s	treet address)	
	$\Delta \cup \Delta$		
New Registered Office Address:	THM_		in Cada)
		10137	p Comp
New Registered Office Address:  New Registered Agent's Signature, if chang I hereby accept the appointment as registered	agent. I am familiar	·	ip Code
	Signature of New 1	Registered Agent, if changing	
Theck if applicable			

 $\Box$  The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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)

Example:

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.

X Change	PT John Doe	
X Remove	<u>V</u> <u>Mike Jones</u>	
X Add	SV Sally Smith	
Type of Action (Check One)	<u>Title</u> <u>Name</u>	<u>Addres</u> s
1) Change	VP Leon B. Buie III	10299 Powers Are
Add Remove  2) Change	O Tracie Harris	Jacksonville, FE 32217 10299 Fowers Avre
Add Remove Change Add		Jocksonville, FL 32217
Remove 4) Change Add	- NIB	
Remove 5)ChangeAdd	nia	
Remove 6) Change Add	NA	
Remove		

mon additional M	vets, if necessary). (Bo		$\wedge$		
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an amendment pr	ovides for an exchange	<u>, reclassification</u>	i, or cancellation	of issued shares,	
<u>provisions for impl</u>	ementing the amendm	<u>ent if not contai</u> i	ned in the amend	<u>lment itself:</u>	
(іј погаррисав	le, indicate N/A)	<b>a</b> . O			
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The date of each amendment(s) adoption:date this document was signed.	6/15/2020	, if other than the
<del>-</del>	5) 2D (no more than 90 days after amendment file date)	
	(no more than 90 days after amendment file date)	
<b>Note:</b> If the date inserted in this block does no document's effective date on the Department of the control of the date of the Department of the Departmen	ot meet the applicable statutory filing requirements State's records.	, this date will not be listed as the
Adoption of Amendment(s) (CHI	<u>ECK ONE)</u>	
The amendment(s) was/were adopted by the i action was not required.	incorporators, or board of directors without sharehol	der action and shareholder
☐ The amendment(s) was/were adopted by the s by the shareholders was/were sufficient for a	shareholders. The number of votes cast for the amer	ndment(s)
	e shareholders through voting groups. The following group entitled to vote separately on the amendment	
"The number of votes cast for the amen	idment(s) was/were sufficient for approval	
by	<u> 119</u>	
(votii	ng <sup>1</sup> group)	
Dated 6/25/20		
Dated <u>((25)20</u>		
Signature	rute	
(By a director, presid	dent or other officer - if directors or officers have no	ot been
selected, by an incor appointed fiduciary	rporator – if in the hands of a receiver, trustee, or ot by that fiduciary)	her court
Λ	. 0	
	ia toute	
- (1	Typed or printed name of person signing)	
Preside	ent	
(1)	Fitle of person signing)	