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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: BT CONSULTING	AND MARKETING INC (B)	(SPA & WELLNESS (NC)
	BER: P21000023492		
	s of Amendment and fee are st		
Please return all corre	espondence concerning this ma	atter to the following:	
	BEN TREYGER		
		Name of Contact Person	1
		Firm/ Company	Ph
	3305 NE 40TH ST		
	EQUID ATTENDED	Address	
	FORT LAUDERDALE, FL.		
		City/ State and Zip Code	e
	OBODMAN@GMAIL.COM	А	
	E-mail address: (to be us	sed for future annual report	notification)
	on concerning this matter, plea		4.11.0440
ORIT BODMAN CI		at (<u>954</u>	
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check f	or the following amount made	payable to the Florida Depa	artment of State:
\$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Am Div P.C	iling Address endment Section ision of Corporations J. Box 6327 lahassee, FL 32314	Amend Divisio The Co 2415 N	Address ment Section n of Corporations entre of Tallahassee V. Monroe Street, Suite 810 ussee, FL 32303

Articles of Amendment to Articles of Incorporation of

(Name	of Corporation as curre	ently filed with the Florida	Dept. of State)	
P21000023942				
	(Document Number	er of Corporation (if known)	
tursuant to the provisions of section 607 s Articles of Incorporation:	1006, Florida Statutes, ti	nis <i>Florida Profit Corporat</i>	tion adopts the followi	ng amendine
. If amending name, enter the new n	ame of the corporation:			
BT SPA & WELLNESS INC.				Tr.
ame must be distinguishable and contain Inc.," or Co.," or the designation "(chartered," "professional association."	Corp." "Inc." or "Co"	4 professional corporat	ated" or the abbreviate ion name must conta	The new ion "Corp.," in the word
. Enter new principal office address,	if applicable:			
Principal office address MUST BE A S	N/Λ			
				~
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			:	
		N/A		1
and against of the Bort	 ,		<u>U1</u>	
			·	
				<u> </u>
If amending the registered agent an new registered agent and/or the new	d/or registered office a	ddress in Florida, enter th	e name of the	24
Name of New Registered Agent	N/A			<u>.</u>
	(Florida	street address)		-
New Registered Office Address:	N/A		FI	
Ten registered Office rendress.	, Florida		Code)	
			•	

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 & Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: <u>X</u> Change	<u>PT</u>	John Doc	·
X Remove	<u>v</u>	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
l) Change	N/A		
Add			
Remove			
2) Change	N/A	_	
Add			
Remove 3) Change	N/A		
Add			
Remove			
4) Change	N/A		
Add			
Remove			
5) Change	N/A		
Add			
Remove			
6) Change	N/A		
Add			
Remove			

(Attach	ding or adding additional Artiudditional sheets, if necessary).	(Be specific)			
N/A					
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F. <u>If an am</u>	endment provides for an exch	ange, reclassification	a, or cancellation of	issned shares	
provisi	ons for implementing the amer	idment if not contai	ned in the amendme	nt itself:	
(if)	not applicable, indicate N/A)				
N/A					
					
					
·					
_					

	APRIL 22nd, 2024	
The date of each amendment(s) adoption date this document was signed.	n:	if other than
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block d document's effective date on the Departm	loes not meet the applicable statutory filing requirements, ent of State's records.	this date will not be listed as
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were adopted baction was not required.	by the incorporators, or board of directors without sharehold	er action and shareholder
■ The amendment(s) was/were adopted b by the shareholders was/were sufficien	by the shareholders. The number of votes cast for the amendat for approval.	iment(s)
☐ The amendment(s) was/were approved must be separately provided for each v	by the shareholders through voting groups. The following voting group entitled to vote separately on the amendment(s	statement):
"The number of votes cast for the	amendment(s) was/were sufficient for approval	
by		
	(voting group)	
APRIL 22nd, 202 Dated		
Signature(By a director,	nn dident or other of the residence or officers have not incorporator – if in the hands of a receiver, trustee, or other	been
appointed fide	iciary by that fiduciary)	a court
BEN	TREYGER	
	(Typed or printed name of person signing)	
PRES	IDENT	
	(Title of person signing)	,

the

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