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Florida Department of State
Division of Corporations
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To:
        Division of Corporations
        Fax Number      : (850)617-6380

From:
        Account Name    : TAX ZONE INC.
        Account Number  : I20190000044
        Phone           : (407)888-3131
        Fax Number      : (888)453-0509

**Enter the email address for this business entity to be used for future
   annual report mailings. Enter only one email address please.**

   Email Address: accountont@taxzoneFL.com
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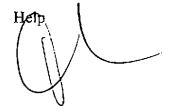
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COR AMND/RESTATE/CORRECT OR O/D RESIGN
SUPERIOR NEXT GENERATION SPA TWO INC

Certificate of Status	0
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COVER LETTER

TO: Amendment Section
    Division of Corporations

NAME OF CORPORATION: SUPERIOR NEXT GENERATION SPA TWO INC

DOCUMENT NUMBER: P22000062925

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

GUTTMANN, JUAN Y
_____
Name of Contact Person

_____
Firm/ Company
8223 SORBAS CT
_____
Address
ORLANDO, FL 32836
_____
City/ State and Zip Code

ACCOUNTANT@TAXZONEFL.COM
_____
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE FLORIDA

For further information concerning this matter, please call:

GUTTMANN, JUAN Y   at (407) 888-3131
_____   _____
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   ☐ $43.75 Filing Fee &   ☐ $43.75 Filing Fee &   ☐ $52.50 Filing Fee
                Certificate of Status   Certified Copy   Certificate of Status
                                  (Additional copy is   Certified Copy
                                  enclosed)   (Additional Copy
                                                    is enclosed)

Mailing Address   **Street Address**
Amendment Section   Amendment Section
Division of Corporations   Division of Corporations
P.O. Box 6327   The Centre of Tallahassee
Tallahassee, FL 32314   2415 N. Monroe Street, Suite 810
                                           Tallahassee, FL 32303

H22000314 3393

Articles of Amendment
to
Articles of Incorporation
of

SUPERIOR NEXT GENERATION SPA TWO INC
_____

(Name of Corporation as currently filed with the Florida Dept. of State)

_____

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

_____ *The new*

name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable: _____
(Principal office address MUST BE A STREET ADDRESS)

                                                                    _____

                                                                    _____

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 in Florida, enter the name of the new registered agent and/or the new registered office address:

        Name of New Registered Agent   _____

                                           _____
                                                    (Florida street address)

        New Registered Office Address: _____, Florida_____
                                                    (City)   *(Zip Code)*

New Registered Agent's Signature, if changing Registered Agent:
I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

                        _____
                        Signature of New Registered Agent, if changing

Check if applicable
☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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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	PT	John Doe
X Remove	V	Mike Jones
X Add	SV	Sally Smith

Type of Action (Check One)	Title	Name	Address
1) ___ Change X Add ___ Remove	SV	STEPHONE V ATKINSON	8223 SORBAS CT ORLANDO, FL 32836
2) ___ Change ___ Add X Remove	VP	PAPILLON, RALPH	8223 SORBAS CT ORLANDO, FL 32836
3) ___ Change X Add ___ Remove	VP	PAPILLON, RAPHAEL E	8223 SORBAS CT ORLANDO, FL 32836
4) ___ Change ___ Add ___ Remove			
5) ___ Change ___ Add ___ Remove			
6) ___ Change ___ Add ___ Remove			

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E. If amending or adding additional Articles, enter change(s) here:
(Attach *additional sheets, if necessary).*   *(Be specific)*

_____

_____

_____

_____

_____

_____

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_____

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_____

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F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:
(if not applicable, indicate N/A)

_____

_____

_____

_____

_____

_____

_____

_____

_____

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The date of each amendment(s) adoption: _____, if other than the date this document was signed.

Effective date **if applicable**: _____

(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 not be listed as the 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 and shareholder action was not required.

■ 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 _____."

(voting group)

09/06/2022
Dated_____

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)

GUTTMANN, JUAN Y

_____
(Typed or printed name of person signing)

VP

_____
(Title of person signing)

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