P10000046845

| (Re | questor's Name) | |
|-------------------------|--------------------|----------|
| (Ad | ldress) | <u> </u> |
| (Ad | ldress) | |
| (Cit | ty/State/Zip/Phone | e #) |
| PICK-UP | WAIT | MAIL |
| , (Bu | ısiness Entity Nar | ne) |
| (Do | ocument Number) | |
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SCIENCIAST OF STATE
TALLAHASSEE FI ARIBA

COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORP | PORATION: DYNAMIC | PROFESSIONAL TREATMENTS, CORP. | |
|----------------------|--|--|-------|
| DOCUMENT NU | MBER: | P10000046845 | |
| The enclosed Artic | les of Amendment and fee a | re submitted for filing. | |
| Please return all co | rrespondence concerning thi | s matter to the following: | |
| | · - · · · · · · · · · · · · · · · · · · | DANDRA ACOSTA | |
| | N | ame of Contact Person | |
| | DYNAMIC PROFE | SSIONAL TREATMENTS, CORP. | |
| | | Firm/ Company | |
| | 2470 | S.W. 137TH AVENUE | |
| | | Address | |
| | | MI, FLORIDA 33175 | |
| | С | ity/ State and Zip Code | |
| | E-mail address: (to be use | d for future annual report notification) | |
| For further informa | ation concerning this matter, | please call: | |
| | ANDRA ACOSTA | at (786-) 419-0697 | |
| Name | of Contact Person | Area Code & Daytime Telephone Number | |
| Enclosed is a check | k for the following amount n | nade payable to the Florida Department of State: | |
| ☑ \$35 Filing Fee | ☐ \$43.75 Filing Fee & Certificate of Status | □\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy (Additional copy is enclosed) □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) | osed) |
| P.O. Box 6 | nt Section Corporations | Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 | |

Articles of Amendment to Articles of Incorporation

DYNAMIC PROFESSIONAL TREATMENTS, CORP.

(Name of Corpo

| · · · · · · · · · · · · · · · · · · · | |
|--|--|
| ration as currently filed with the Florida Dept. of State) | |
| P10000046845 | |
| Document Number of Corneration (if known) | |

owing

| (Document Number of Corporat | ion (n known) |
|--|---|
| Pursuant to the provisions of section 607.1006, Florida Statumendment(s) to its Articles of Incorporation: | tes, this Florida Profit Corporation adopts the follo |
| A. If amending name, enter the new name of the corporation | on: |
| | The new |
| name must be distinguishable and contain the word "corpabbreviation "Corp.," "Inc.," or Co.," or the designation "Coname must contain the word "chartered," "professional associated." | Corp," "Inc," or "Co". A professional corporation |
| B. Enter new principal office address, if applicable: | من م |
| (Principal office address <u>MUST BE A STREET ADDRESS</u>) | |
| 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 | |
| new registered agent and/or the new registered office ad | <u>dress:</u> |
| Name of New Registered Agent: YOANDRA | ACOSTA |
| New Registered Office Address: (Flor | ida street address) |
| | , Florida |
| (City) New Registered Agent's Signature, if changing Registered A I hereby accept the appointment as registered agent. I am fam | Agent: |
| \/ _{\lambda} | 4000 |
| 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)

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|---------------------------|--|----------------------------------|----------------|
| VP | YOANDRA ACOSTA | | |
| <u>P</u> | YOANDRA ACOSTA | | |
| | | | |
| E. If amend (attach ad | ding or adding additional Articles, enditional sheets, if necessary). (Be s | nter change(s) here: pecific) | |
| | | | |
| | | | |
| provisi | mendment provides for an exchange, ons for implementing the amendment of applicable, indicate N/A) | | |
| | | | |
| | | | |
| | | | |
| | | | |

| The date of each amendment | s) adoption: <u>06/02/2010</u> |
|---|---|
| | (date of adoption is required) 06/07/2010 |
| , | (no more than 90 days after amendment file date) |
| | |
| Adoption of Amendment(s) | (<u>CHECK ONE</u>) |
| The amendment(s) was/wer by the shareholders was/we | e adopted by the shareholders. The number of votes cast for the amendment(s) re sufficient for approval. |
| | e approved by the shareholders through voting groups. The following statement d for each voting group entitled to vote separately on the amendment(s): |
| "The number of votes of | east for the amendment(s) was/were sufficient for approval |
| by | .,, |
| | (voting group) |
| The amendment(s) was/wer action was not required. | e adopted by the board of directors without shareholder action and shareholder |
| The amendment(s) was/wer action was not required. | e adopted by the incorporators without shareholder action and shareholder |
| Dated_06/09 | 3/2010 \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ |
| (By selec | a director, president or other officer – if directors or officers have not been cted, by an incorporator – if in the hands of a receiver, trustee, or other court binted fiduciary by that fiduciary) |
| | YOANDRA ACOSTA |
| | (Typed or printed name of person signing) |
| | PRESIDENT |
| | (Title of person signing) |