## 732950

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A. Butter

## **COVER LETTER**

TO: Amendment Section

Tallahassee, FL 32314

Division of Corporations	
Miami Soc NAME OF CORPORATION:	iety of Plastic Surgeons, INC.
DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fe	e are submitted for filing.
Please return all correspondence concerning	this matter to the following:
Ricardo Castrellon	
	(Name of Contact Person)
Ricardo Castrellon MD PA	
	(Firn√ Company)
6200 Sunset Drive, Suite 402	
	(Address)
Miami, Fl 33143	
	(City/ State and Zip Code)
ricardocastrellon@gmail.com	
E-mail address: (	to be used for future annual report notification)
For further information concerning this matt	er, please call:
ricardocastrellon@gmail.com	305 665 8730
(Name of Conta	
Enclosed is a check for the following amoun	it made payable to the Florida Department of State:
■ \$35 Filing Fee □\$43.75 Filing Certificate o	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	Street Address Amendment Section Division of Corporations The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

Miami Society of Plastic Surgeons, INC.

(Name of Corporation as currently filed with the Florida I	Dept. of State)	2021 OCT 13	PH 12: 1.3
732950		191100110	11112.40
(Document Numb	er of Corporation (if known)	77 ( + 7 **	TESTATE
Pursuant to the provisions of section 617,1006, Florida Statuto amendment(s) to its Articles of Incorporation:	es, this Florida Not For Profit C	Corporation adopt	s the following
A. If amending name, enter the new name of the corporat	ion:		
			The new
name must be distinguishable and contain the word "corpora "Company" or "Co," may not be used in the name.	tion" or "incorporated" or the c	abbreviation "Cor	p." or "Inc."
B. Enter new principal office address, if applicable:	6200 Sunset Drive, suite 402		
(Principal office address <u>MUST BE A STREET ADDRESS</u>	) Miami, FL 33143		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	6200 Sunset Drive, suite 402		
	Miami, Fl 33143		
		· · · · · · · · · · · · · · · · · · ·	
D. If amending the registered agent and/or registered office		e name of the	
new registered agent and/or the new registered office a	<u>ddress:</u>		
Name of New Registered Agent:	N/A		
New Registered Office Address:	(l <sup>-</sup> lorida street	address)	
		, Florida	
<del></del>	(City)	(Zip Code	)
New Registered Agent's Signature, if changing Registered	Agent:		
I hereby accept the appointment as registered agent. I am fai	niliar with and accept the oblige	utions of the positi	ion.
Si	gnature of New Registered Agen	it, 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 X Remove X Add	PT John Do V Mike Jo SV Sally Sr	nes	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
Change  X Add	<u>P</u>	Ricardo Castrellon MD	6200 Sunset Drive, Suite 402 Miami, Fl 33143
Remove 2) Change × Add	<u>v</u>	Andres Sarraga MD	21110 Biscavne Blvd Miami. FL 33180
Remove  3 ) Change  x Add Remove	<u>T</u>	Nirmal Nathan MD	4770 Biscayne Blvd, Suite 830 Miami, FL 33137
4) Change Add	<u>S</u>	Aaron Jacob Berger MD	3100 SW 62 Avc Miami, FL 33155
Remove  5) × Change Add Remove	TR	Tarik Husain MD	400 Arthur Godfrey, Suite 412 Miami Beach, FL 33140
6) Change Add			
E. If amending or addin (attach additional shee		cles, enter change(s) here: (Be specific)	
		N/A	
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The date of each amendment(s) adoption: date this document was signed.	9/29/2021		, if other than the
Effective date if applicable:	o more than 90 days after amei	ndment file date)	
Note: If the date inserted in this block does document's effective date on the Department	not meet the applicable statutor		Il not be listed as the

The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

(CHECK ONE)

Adoption of Amendment(s)

Dated	9/29/2021
Dated	
Signatun	Fruit artulan
2.6	(By the chairman or vice chairman of the board, president or other officer-if directors
	have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
	Ricardo Castrellon, MD
	(Typed or printed name of person signing)
	President