# 110900011838

(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Special Instructions to	Filing Officer:	
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On John

### COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPO	RATION: American For	mulation S	ociety, Ind	2
DOCUMENT NUM	BER: N09000011838			
The enclosed Articles	s of Amendment and fee are sub	mitted for filin	ıg.	
Please return all corre	espondence concerning this mat	ter to the follow	ving:	
		pe Barrios	·	
	(Name of	Contact Perso	n)	
	American Form	nulation Soc	iety, Inc.	
	(Firm	/ Company)		
	1700 NW 65	S Avenue; Su	ıite 13	
	(4	Address)		
	Plantati	on, FL. 3331	3	
		te and Zip Cod		
	felipe@americar E-mail address: (to be use			otification)
For further informati	on concerning this matter, pleas	e call:		
Felipe Barrios		at (95	4 <sub>) </sub> 678	-4200 option 7
(Name	of Contact Person)	(A	rea Code & I	Daytime Telephone Number)
Enclosed is a check f	or the following amount made p	ayable to the F	lorida Depar	tment of State:
	☐ \$43.75 Filing Fee & Certificate of Status			☐ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Ai Di Cl 26	reet Address mendment Sec ivision of Corp lifton Building 661 Executive allahassee, FL	oorations Center Circle

#### Articles of Amendment to Articles of Incorporation of

## American Formulation Society, Inc. (Name of Corporation as currently filed with the Florida Dept. of State) N09000011838 (Document Number of Corporation (if known) Pursuant to the provisions of section 617.1006, Florida Statutes, this Florida Not For 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" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name. 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: New Registered Office Address: (Florida street address) (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

# 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>	<u>Address</u>	Type of Action
<del></del>			☐ Add☐ Remove
			☐ Add ☐ Remove
Article IIX	additional sheets, if necesso	al Articles, enter change(s) here:  ary). (Be specific)  ation all assets will be donated to the specific of t	University of Miami Skin
Care Ives	search Center		
<del> </del>			
	, , ,,		

The date of each amendment(s) adoption: 12/2/1/09				
•	(date of adoption is required)			
Effective date <u>if applicable</u> :				
	(no more than 90 days after amendment file date)			
Adoption of Amendment(s)	(CHECK ONE)			
The amendment(s) was/were a was/were sufficient for approv	adopted by the members and the number of votes cast for the amendment(s) ral.			
There are no members or men adopted by the board of direct	mbers entitled to vote on the amendment(s). The amendment(s) was/were lors.			
	aber 22, 2009 .			
Signature	Celip I			
	e chairman or wice chairman of the board, president or other officer-if directors			
	not been selected, by an incorporator – if in the hands of a receiver, trustee, o			
otner c	court appointed fiduciary by that fiduciary)			
	Felipe Barrios			
_	(Typed or printed name of person signing)			
_	President			
	(Title of person signing)			