## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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## COR AMND/RESTATE/CORRECT OR O/D RESIGN INSTITUTE FOR COSMETIC MINIMALLY INVASIVE SURGERY, I

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August 10, 2016

FLORIDA DEPARTMENT OF STATE

INSTITUTE FOR COSMETIC MINIMALLY INVASIVE SURGERY, INC P.O. BOX 253
WINDERMERE, FL 34786

SUBJECT: INSTITUTE FOR COSMETIC MINIMALLY INVASIVE SURGERY, INC. REF: N14000008906

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document submitted does not meet legibility requirements for electronic filing. Please do not attempt to refax this document until the quality has been improved.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Darlene Connell FAX Aud. #: H16000194928
Regulatory Specialist III Letter Number: 916A00016913

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## Articles of Amendment to Articles of Incorporation

(Name of Corporation as cur	rently filed with the Flor	ida Dept. of State)	
N14000008906			
. (Document Nu	amber of Corporation (if k	nown)	
Pursuant to the provisions of section 617.1006, Florida Stamendment(s) to its Articles of Incorporation:	ntutes, this <i>Florida Not Fo</i>	r Profit Corporation adop	ts the following
4. If amending name, enter the new name of the corpo	ration;		
Institute for Surgical Excellence, Inc.		•	The new
name must be distinguishable and contain the word "corp "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 ADDRE			
;	<u> </u>		
C. Enter new mailing address, if applicable:	-		A.S
(Mailing address MAY BE A POST OFFICE BOX)	<del></del>	· · · · · · · · · · · · · · · · · · ·	\$25.00 \$25.00
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			( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )
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D. If amending the registered agent and/or registered new registered agent and/or the new registered offi	office address in Florida. ce address:	enter the name of the	
new registered agent and on the new registered on			37 0
Name of New Registered Agent:			
	(Florida street address)		
New Revistered Office Address:			
		, Plorida	<del> ,</del>
	(City)	(Zip Cod	le)
New Registered Agent's Signature, if changing Register hereby accept the appointment as registered agent. I at	ered Agent: In familiar with and accept	the obligations of the pos	ition.
	•		

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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 = ChiefExecutive 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 Si	ones	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change Add	<del></del>	•	
Remove			
2) Change			
Remove 3) Change	<del></del> ,		
Add	·		
4) Change Add	<del></del>		
Remove			
5) Change			
Remove  6) Change			
Add			
		Page 2 of 4	

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The date of each amendment(s) adoption:	_, if other than the
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 document's effective date on the Department of State's records.	e listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.	
There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.	
Dated August 4, 2016	
Signature Please	_
(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)	
Rhetta Peoples	
(Typed or printed name of person signing)	
Director	
(Title of person signing)	