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| (Re | equestor's Name) | |
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| (Ad | dress) | · · · |
| (Ad | dress) | |
| V | , | |
| (Cit | ry/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nan | ne) |
| | | |
| (Do | cument Number) | |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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SECRETARY OF STATE

COVER LETTER

TO: Amendment Section
Division of Corporations

| NAME OF CORPORATION: _ | ALMARIS | ESTHETIC CLINIC, I | NC. |
|--|------------------|--|---|
| | P020000: | 28971 | |
| The enclosed Articles of Amendme | ent and fee are | submitted for filing. | |
| Please return all correspondence co | oncerning this n | natter to the following: | |
| ALBERTO S | SANCHEZ | | |
| • | (Name of C | Contact Person) | ··· |
| ALMARIS I | ESTHETIC C | LINIC, INC. | |
| | (Firm/ | Company) | |
| 2910 W. I | LAKE MARY | BLVD. STE. #101 | |
| | (Ac | ldress) | · · · · · · · · · · · · · · · · · · · |
| LAKE MARY | | DA 32746-3498 and Zip Code) | |
| For further information concerning | | • | |
| ALBERTO SANCHEZ (Name of Contact Person |) | at (407) 324-78 (Area Code & Daytime 5 | 66 Felephone Number) |
| Enclosed is a check for the following | ng amount: | | |
| \$35 Filing Fee \$\frac{4}{5}43.75 Filin Certificate of | | \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | ☐ \$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 | | Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Cir Tallahassee, FL 32301 | cle |

Articles of Amendment to Articles of Incorporation of

| FILED | |
|---------------------------------------|---|
| ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' | |
| TALLAHASSEE STATE | ? |
| ALE 33CO COLOR | |

| NILBERTO ENTERPRISES, CORP. TALLAHARY OF CT. |
|---|
| NILBERTO ENTERPRISES, CORP. TALLAHASSEE. FLORID |
| P02000028971 |
| (Document number of corporation (if known) |
| Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> dopts the following amendment(s) to its Articles of Incorporation: |
| NEW CORPORATE NAME (if changing): |
| ALMARIS ESTHETIC CLINIC, INC. |
| Must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.") A professional corporation must contain the word "chartered", "professional association," or the abbreviation "P.A.") |
| AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: (BE SPECIFIC) |
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| |
| (Attach additional pages if necessary) |
| f an amendment provides for exchange, reclassification, or cancellation of issued shares, provision or implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N |
| |

(continued)

| The date of each amendment(s) add | option: 01-02-2007 |
|---|--|
| Effective date if applicable: | 01-02-2007 |
| (no mo | ore than 90 days after amendment file date) |
| Adoption of Amendment(s) | (CHECK ONE) |
| | ere approved by the shareholders. The number of votes cast for shareholders was/were sufficient for approval. |
| | ere approved by the shareholders through voting groups. The be separately provided for each voting group entitled to vote nent(s): |
| "The number of votes | cast for the amendment(s) was/were sufficient for approval by |
| (v | oting group) |
| The amendment(s) was/we and shareholder action wa | ere adopted by the board of directors without shareholder action is not required. |
| The amendment(s) was/we shareholder action was no | ere adopted by the incorporators without shareholder action and t required. |
| selected, by a | president or other officer - if directors or officers have not been in incorporator - if in the hands of a receiver, trustee, or other court uciary by that fiduciary) |
| appointed ha | uctary by that fiduciary) |
| ALBERTO S | |
| | (Typed or printed name of person signing) |
| PRESIDENT | % CHAIRMAN |
| | (Title of person signing) |

FILING FEE: \$35