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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
(Bı	usiness Entity Name)	
(Do	ocument Number)	
Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer:	
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SECRETARY OF STATE ON PORATION OF CONFORATION

Amend

OCT 2 9 2012

T. BROWN

COVER LETTER 5

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: Kythera Inc
DOCUMENT NUMBER: P 05 000 15 8 35 2/
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Wallery Myatt
Name & Contact Person
3585 SE Church St. apt 3
Hole Sound FL 33455 City/ State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Valery Myatt at +12 634-0265
Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Certificate of Status Certificate of Status Certificate of Status Certificate of Status (Additional copy is enclosed) Certificate of Status (Additional Copy is enclosed) (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

12 OCT 26 PM 2:57

Articles of Amendment Articles of Incorporation (Document Number of Corporation (if known) Pursuant to the provisions of section 607,1006. Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc," or "Co". A professional corporation name must contain the word "chartered." "professional association." or the abbreviation "P.A." 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 (Floridg street address) New Registered Office Address: New Registered Agent's Signature, if changing Registered Agent: Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

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.

Mike Jones, V as Remo Example:	ve. and Sa	dly Smith, SV	Z as an Add.				
X Change	PT	John Doe					
X Remove	<u>V</u>	Mike Jone	<u>28</u>				
<u>X</u> Add	<u>sv</u>	Sally Smit	<u>th</u>				
Type of Action (Check One)	<u>Title</u>		<u>Name</u>		<u>Addres</u> s		
1) Change	<u>ى</u>		Yargari	ta Step	aNova		
X_ Add			0	/	858	5SEC	huechsi FL avi
Remove					Mobe	Souna	JL W.
2) Change					<i>ح</i>	<i>34</i> 55	
Add							
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3.) Change		 _					
Add					***************************************		
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6) Change							
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f amending or adding additional Artic Attach additional sheets, if necessary).	(Be specific)	. /
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	/	V/H
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If an amandment musicides for an area.		llution of issued shows
If an amendment provides for an excha provisions for implementing the amen	nge, rectassification, or c dment if not contained in	the amendment itself:
(if not applicable, indicate N/A)	different in mor contamica in	/
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The date of each amendment(s) ad	Toption: 10/24/20/2
Effective date if applicable:	10/26/2012/
·· 	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
The amendment(s) was/were ado by the shareholders was/were sul	pted by the shareholders. The number of votes east for the amendment(s) flicient for approval.
☐ The amendment(s) was/were app must be separately provided for	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):
"The number of votes cast i	for the amendment(s) was/were sufficient for approval
hy	"
	(voting group)
action was not required.	pted by the board of directors without shareholder action and shareholder pted by the incorporators without shareholder action and shareholder
action was not required.	post of the mentions without some entire action and some entire
. Dated	124/12/
Signature	Holery Hyolf
selected	rector, president or other officer – if directors or officers have not been l, by an incorporator – if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)
at tarm.	Valery Hyatt
-	(Typed or printed name of person signing)
	Wirector
	(Title of person signing)