

P070000012637

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

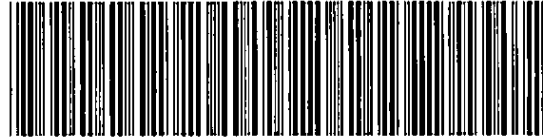
(Document Number)

Certified Copies _____

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Office Use Only



700413697307

Amend

2023 AUG 15 AM 8:57

FILED

CLERK OF STATE
TALLAHASSEE, FLORIDA

2023 AUG 15 PM 4:14

RECEIVED

CLERK OF STATE
TALLAHASSEE, FLORIDA

A. RAMSEY
AUG 17 2023

*02250, 00524, 00671



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 16, 2023

CT CORP

TALLAHASSEE, FL 32312

SUBJECT: DS HEALTHCARE GROUP, INC.
Ref. Number: P07000012637

CORRECTED
Please Allow For
Same File Date

We have received your document for DS HEALTHCARE GROUP, INC. and the authorization to debit your account in the amount of \$43.75. However, the document has not been filed and is being returned for the following:

Page 2 and 3 of the amendment form are missing. Please include these pages even if you are not changing anything on that page. I have enclosed a blank page 2 and page 3 for your convenience.

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.

Annette Ramsey
OPS

Letter Number: 723A00018832

RECEIVED
2023 AUG 16 PM 4:16
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

CT CORP
(850)656-4724
3458 Lakeshore Drive,
Tallahassee, FL 32312

Date: 08/15/2023
Acc#I20160000072

en: c DW

| | |
|-------------|---------------------------|
| Name: | DS HEALTHCARE GROUP, INC. |
| Document #: | |
| Order #: | 15081115 |

| | | | |
|-----------------------------------|--------------------------|-------------------------|--|
| Certified Copy of Arts & Amend: | <input type="checkbox"/> | | |
| Plain Copy: | <input type="checkbox"/> | | |
| Certificate of Good Standing: | <input type="checkbox"/> | | |
| Certified Copy of | <input type="checkbox"/> | | |
| Apostille/Notarial Certification: | <input type="checkbox"/> | Country of Destination: | |
| | | Number of Certs: | |

| | | |
|---|--|---|
| Filing: <input checked="" type="checkbox"/> | Certified: <input checked="" type="checkbox"/> | Email Address for Annual Report Notifications: <div></div> |
| | Plain: <input type="checkbox"/> | |
| | COGS: <input type="checkbox"/> | |

| |
|---------------------|
| Availability _____ |
| Document _____ |
| Examiner _____ |
| Updater _____ |
| Verifier _____ |
| W.P. Verifier _____ |
| Ref# _____ |

Amount: \$ **43.75**

Thank you!

Articles of Amendment
to
Articles of Incorporation
of

FILED

2023 AUG 15 AM 8:57

DS HEALTHCARE GROUP, INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

P07000012637

(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:

The new 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)

4918 SW 74TH COURT

MIAMI, FL 33155

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

4918 SW 74TH COURT

MIAMI, FL 33155

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 RIVERO, FABIAN

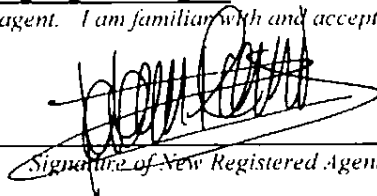
4918 SW 74TH COURT

(Florida street address)

New Registered Office Address: MIAMI, Florida 33155
(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

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), F.S.

[Remove](#)

E. If amending or adding additional Articles, enter change(s) here:

(Attach additional sheets, if necessary). (Be specific)

N/A.

**F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,
provisions for implementing the amendment if not contained in the amendment itself:**

(if not applicable, indicate N/A)

N/A.

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

Effective date if applicable: AUGUST 15, 2023
(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 listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

☐ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.

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

☐ The amendment(s) was/were approved by the shareholders through voting groups. *The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):*

"The number of votes cast for the amendment(s) was/were sufficient for approval

by _____."
(voting group)

Dated AUGUST 15, 2023

Signature _____

(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

FABIAN RIVERO

(Typed or printed name of person signing)

DIRECTOR

(Title of person signing)