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SECRETARY OF STATE
TALLAHASSEE, FLORID,

APPROVED AND FILED

N.C.

C. Gerdliette JUN-2 7 2007

## **COVER LETTER**

Division of	Section Corporations		
NAME OF COR	EPORATION: UPIT	er Cometic	MEDICINE
TWENTE OF COL	_		
DOCUMENT N	umber: <u> </u>	0003549	7.7
The enclosed Art	icles of Amendment and fee ar	e submitted for filing.	
Please return all	correspondence concerning this	matter to the following:	
	MICHAEL	Dume  f Contact Person)	
	PACM BEAC	H MEDICAL F	ESTHETICS
	120 E. B	n/Company)  WEF151+  Address)	CLE
	JULITER	FC 334	<del>177</del>
	(City/ St	ate and Zip Code)	
For further information	mation concerning this matter,	please call:	
MICHAE!	me of Contact Person)	at ( <u>\$6</u> /) <u>401</u> (Area Code & Daytime	
Enclosed is a che	eck for the following amount:		
\$35 Filing Fee	\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Amendm	Address ent Section	Street Address Amendment Section	

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation

JUPITER COSMETIC MEDICINE		
(Name of corporation as currently filed with the Florida Dept. of State)  Po 7000 35497  (Document number of corporation (if known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation:		
NEW CORPORATE NAME (if changing):  PALM BEACH MEDICAL HESTHETICS 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)		
TALLAHASSEE FLORIDA	07 JUN 25 AM 9: 03	FILED
(Attach additional pages if necessary)  If an amendment provides for exchange, reclassification, or cancellation of issued shares, provision for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate itself).	ns N/A)	

(continued)

The date of each amendment(s) adoption:
Effective date if applicable: (no more than 90 days after amendment file date)
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were approved 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)
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.
Signature Clex Chro Blue
(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)
CHRISTIME CHICO BLUME.
(Typed or printed name of person signing)
PRESIDENT
(Title of person signing)

FILING FEE: \$35