

P090000004877

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

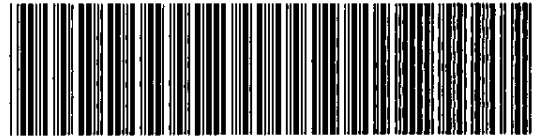
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS  
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Amend/cus  
Ca 11/22/11

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** The Miami Cosmetic Surgery, Inc.

**DOCUMENT NUMBER:** P09000004877

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Susel E. Cruz  
Name of Contact Person

The Miami Cosmetic Surgery, Inc.  
Firm/ Company

1790 SW 27th Avenue  
Address

Miami, FL 33145  
City/ State and Zip Code

Zule93@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Susel E. Cruz at ( 786 ) 333-5465  
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:

- |  |   |   |  |
|--|---|---|--|
| <input type="checkbox"/> \$35 Filing Fee | <input checked="" type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy<br>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 Circle  
Tallahassee, FL 32301

Articles of Amendment  
to  
Articles of Incorporation  
of

The Miami Cosmetic Surgery, Inc.

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

P09000004877

(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**)

**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: Susel E. Cruz

Indian Creek Drive, Ste 6

(Florida street address)

New Registered Office Address: Miami Beach

(City)

Florida 33147

(Zip Code)

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**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

**If AMENDING the Officers and/or Directors, please list all officers/directors of the corporation as you now want the record to be. Please indicate the title(s), name and address for each officer/director.**

*(Our database can index up to 6 officers/directors. If you have more than 6 officers/directors, please list them on an additional sheet.)*

| <u>Title(s)</u> | <u>Name</u>          | <u>Address</u>  |
|-----------------|----------------------|---|
| 1) <u>PST</u>   | <u>Susel E. Cruz</u> | <u>6727 Indian Creek, Ste 6</u><br><u>Miami Beach, FL 33147</u> |
| 2) _____        | _____                | _____<br>_____<br>_____   |
| 3) _____        | _____                | _____<br>_____<br>_____   |
| 4) _____        | _____                | _____<br>_____<br>_____   |
| 5) _____        | _____                | _____<br>_____<br>_____   |
| 6) _____        | _____                | _____<br>_____<br>_____   |

**If REMOVING an officer and/or director, please list the title(s) and name of the officer/director to be removed:**

| <u>Title(s)</u> | <u>Name</u>              | <u>Title(s)</u> | <u>Name</u> |
|-----------------|--------------------------|-----------------|-------------|
| 1) <u>PD</u>    | <u>Enrique Rodriguez</u> | 4) _____        | _____       |
| 2) <u>VPST</u>  | <u>Maria Martinez</u>    | 5) _____        | _____       |
| 3) <u>D</u>     | <u>Maria Martinez</u>    | 6) _____        | _____       |

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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)

The date of each amendment(s) adoption: November 17, 2011

Effective date if applicable: \_\_\_\_\_  
(no more than 90 days after amendment file date)

Adoption of Amendment(s) **(CHECK ONE)**

☐ 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.

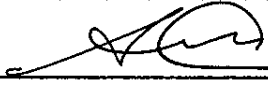
☐ The amendment(s) was/were approved by the shareholders through voting groups. *The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):*

"The number of votes cast for the amendment(s) was/were sufficient for approval  
by \_\_\_\_\_."  
(voting group)

☐ 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.

Dated November 17th, 2011

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)

Susel E. Cruz  
(Typed or printed name of person signing)

President  
(Title of person signing)