P10000018643

(Re	equestor's Name)	
(Ac	ddress)	
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(Ci	ty/State/Zip/Phone	≥ #)
PICK-UP	☐ WAIT	MAIL
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COVER LETTER

TO: Amendment Section Division of Corporations

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NAME OF CORPO	ORATION: Jl. Anesthesia Inc			
DOCUMENT NUM	IBER: P10000018643			
	s of Amendment and fee are su	bmitted for filing.		
Please return all corr	espondence concerning this ma	tter to the following:		
	Max K. McGee			
		Name of Contact Persor	3	
	Max K. McGee, CPA, PA			
	·	Firm/ Company		
	609 N Main Street			
		Address		
	Chiefland, FL 32626			
		City/ State and Zip Code	2	
	admin@mkm.tax			
	•	sed for future annual report	notification)	
For further informat	ion concerning this matter, plea	se call:	222-6410	
Name of Contact Person		Area Code & Daytime Telephone Number		
Enclosed is a check	for the following amount made	payable to the Florida Depa	artment of State:	
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
	Mailing Address		Address	
Amendment Section		Amendment Section		
Division of Corporations P.O. Box 6327		Division of Corporations The Centre of Tallahassee		
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

FILED

2021 DEC 29 PH 4: 10

Jl. Anesthesia Inc	2021 DEC 25 FM 4: 10
(Name of Corporation as current P10000018643	tly filed with the Florida Depb of State ARY JF STATE TALL AHASSET, FL
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corporation:	
Elite MediSpa Inc	The new
name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co", "chartered," "professional association," or the abbreviation "P.A.	A professional corporation name must contain the word
B. Enter new principal office address, if applicable:	103 SE 3rd Street
(Principal office address MUST BE A STREET ADDRESS)	Trenton, FL 32693
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE ROX)	103 SE 3rd Street
	Trenton, F1, 32693
D. If amending the registered agent and/or registered office ad new registered agent and/or the new registered office addre	
(Plorida)	street address)
New Registered Office Address:	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Ages I hereby accept the appointment as registered agent. I am familia.	nt: r 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) (e). F.S.

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 = Chief Executive 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.

Example: X Change	<u>PT</u>	John Doe		
-				
X Remove	<u>V</u>	Mike Joni	<u>es</u>	
<u>X</u> Add	<u>SV</u>	Sally Smi	<u>ith</u>	
Type of Action (Check One)	Title	7	<u>Vanic</u>	<u>Addres</u> s
f) Change			<u>.</u>	
Add				
Remove				
2) Change				
Add				
Remove 3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				·
Add				
Remove				

	if necessary). (Be	specific)			
					
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an amendment provid	<u>es for an exchange,</u>	<u>, reclassification, o</u>	r cancellation of i	ssued shares,	
rovisions for implemen	nting the amendme	nt if not contained	<u>l in the amendmer</u>	<u>it itself:</u>	
1 11 27/17 (222)27/1/2/1/2/1/2	acate (VA)				
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The date of each amendment date this document was signed		, if other than the
Effective date if applicable:	November 1, 2021	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in document's effective date on t	this block does not meet the applicable statutory filing requirements, the Department of State's records.	this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/we action was not required.	e adopted by the incorporators, or board of directors without sharehold	er action and shareholder
☐ The amendment(s) was/wer by the shareholders was/w	c adopted by the shareholders. The number of votes east for the amend are sufficient for approval.	lment(s)
☐ The arrendment(s) was/wei must be separately provide	e approved by the shareholders through voting groups. The following s d for each voting group entitled to vote separately on the amendments,	talament i:
"The number of votes	cast for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
se	y a director, president or other officer – if directors or officers have not lected, by anyincorporator – if in the hands of a receiver, trustee, or other pointed fiduciary by that fiduciary) Julia Floyd	been court
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	

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