P12000014499

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DIVISION OF CURPORATION 12 MAY 16 AM 8: 38

Amend Chs

COVER LETTER

Division of Corporations INSTANT RCLIEF BY SUNSET, INC. NAME OF CORPORATION: _____ P12000014499 **DOCUMENT NUMBER:** The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: EFRAIN MILANES

Name of Contact Person FIRM/ Company PUNSET, INC. 9835 JUNSET Drive SUITE 205
Address INSTANTRELIEF 64 SUNSET & Jahoo. Com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: EFRAIN MILANES at (786) 975-8829

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 □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed)

Mailing Address

TO: Amendment Section

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 Articles of Incorporation

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

(Document)	Number of Corporation (1) K	nown)		
Pursuant to the provisions of section 607.10 its Articles of Incorporation:	06, Florida Statutes, this <i>Fl</i>	orida Profit Corporatio	n adopts the following	; amendme
A. If amending name, enter the new nam	e of the corporation:			
METARMORPHA name must be distinguishable and contai	SIS MEDICAL	SPA, INC	<u>.</u>	The new
name must be distinguishable and contai "Corp.," "Inc.," or Co.," or the designate word "chartered," "professional associatio	on "Corp," "Inc," or "Co	". A professional corp	orporated" or the ab poration name must c	breviation ontain the
B. Enter new principal office address, if				
(Principal office address <u>MUST BE A STR</u>	EET ADDRESS)	SAME		
		,		
C. Enter new mailing address, if applica (Mailing address MAY BE A POST OF		SAM E		
D. If amending the registered agent and/		s in Florida, enter the	name of the	
new registered agent and/or the new r	· · · · · · · · · · · · · · · · · · ·			
Name of New Registered Agent	NELSON BONG	<u>ct</u>	<u></u>	
	9835 SUNSET (Florida street	Drive # 20	5	
_	(Florida street	address)		
New Registered Office Address:	MIAMI	, Flor	ida 33173	
-	(City)		(Zip Code)	
New Registered Agent's Signature, if chall hereby accept the appointment as registered			tions of the position.	

Signature of New Registered Agent, if changing

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: XChange	PT John	Doe	
X Remove	<u>V</u> <u>Mike</u>	: Jones	
X Add	<u>SV</u> <u>Sally</u>	Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1)Change Add X Remove	<u>P31</u>)	EFRAIN MILANES	9835 SW 72 ST CVITE # 205 MIAMI, FL 33173
2) Change Add Remove	<u> PSI</u>)	NELSON BONET	9635 SW 72 87 SUITE # 205 MIAMI, FL 33 17 3
3) Change Add Remove		· · · · · · · · · · · · · · · · · · ·	
4) Change Add Remove			
5) Change Add Remove			
6) Change Add Remove			

. <u>If</u> (a	amending or adding additional Articles, enter change(s) here: ttach additional sheets, if necessary). (Be specific)
	« v /A 11
	
	•
<u>lf</u>	an amendment provides for an exchange, reclassification, or cancellation of issued shares, rovisions for implementing the amendment if not contained in the amendment itself; (if not applicable, indicate N/A)
	CT N/A 11
	· · · · · · · · · · · · · · · · · · ·
	· · · · · · · · · · · · · · · · · · ·

The date of each amendment(s) adop	otion: 05- 15 - 2012
Effective date <u>if applicable</u> :	05-15-2012
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were adopted by the shareholders was/were suffice.	ed by the shareholders. The number of votes cast for the amendment(s) cient for approval.
	ved by the shareholders through voting groups. The following statement sich voting group entitled to vote separately on the amendment(s):
	r the amendment(s) was/were sufficient for approval
by	(voting group)
action was not required. The amendment(s) was/were adopte action was not required.	ed by the incorporators without shareholder action and shareholder
Dated	5-01-2012
Signature	
selected, l	ctor, president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court fiduciary by that fiduciary)
	EFRAIN MILANES
	(Typed or printed name of person signing)
	PRESIDENT (Title of person signing)
	(Title of person signing)