Florida Department of State
Division of Corporations
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To:
    Division of Corporations
    Fax Number   : (850)617-6380

From:
    Account Name   : GENERAL SOLUTIONS INC
    Account Number : I20140000086
    Phone   : (305)255-3310
    Fax Number   : (305)255-3320

Anund

APR 0 2 2019

I ALBRITTON

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: hmilanes2@gmail.com

COR AMND/RESTATE/CORRECT OR O/D RESIGN
DEMILAN AESTHETIC MEDICAL SERVICES CORP .

Certificate of Status	0
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April 1, 2019

FLORIDA DEPARTMENT OF STATE
Division of Corporations

DEMILAN AESTHETIC MEDICAL SERVICES CORP .
1127 NW 22ND AVE.
MIAMI, FL 33125US

SUBJECT: DEMILAN AESTHETIC MEDICAL SERVICES CORP .
REF: P12000024344

We received your electronically transmitted document. However, the
document has not been filed. Please make the following corrections and
refax the complete document, including the electronic filing cover sheet.

The current name of the entity is as referenced above. Please correct
your document accordingly.

Period after (Corp).

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.

Irene Albritton   FAX Aud. #: E19000103832
Regulatory Specialist II   Letter Number: 819A00006415

H190001038323

Articles of Amendment
to
Articles of Incorporation
of

DEMILAN AESTHETIC MEDICAL SERVICES CORP.

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

P12000024344

(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: 711 NW 23 AVE #301
(Principal office address MUST BE A STREET ADDRESS)

MIAMI FL 33125

C. Enter new mailing address, if applicable: 711 NW 23 AVE #301
(Mailing address MAY BE A POST OFFICE BOX)

MIAMI FL 33125

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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 _____

_____
(Florida street address)

New Registered Office Address: _____, Florida_____
                                           (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

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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	PT	John Doe
X Remove	V	Mike Jones
X Add	SV	Sally Smith

Type of Action (Check One)	Title	Name	Address
1) ___ Change	_____	_____	_____
___ Add			_____
___ Remove			_____
2) ___ Change	_____	_____	_____
___ Add			_____
___ Remove			_____
3) ___ Change	_____	_____	_____
___ Add			_____
___ Remove			_____
4) ___ Change	_____	_____	_____
___ Add			_____
___ Remove			_____
5) ___ Change	_____	_____	_____
___ Add			_____
___ Remove			_____
6) ___ Change	_____	_____	_____
___ Add			_____
___ Remove			_____

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E. If amending or adding additional Articles, enter change(s) here:
(Attach *additional sheets, if necessary).   (Be specific)

_____

_____

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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*)

_____

_____

_____

_____

_____

_____

_____

_____

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The date of each amendment(s) adoption: 03/28/2019 _____, if other than the date this document was signed.

Effective date **if applicable**: 03/28/2019 _____

(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 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 03/28/2019 _____

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)

HERMES L MILANES

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)