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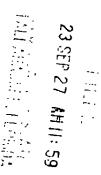
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COVER LETTER

TO: Amendment Section

Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORAT	Marbella	Aesthetic	s Med Spa A	Wellness Center Cu.
DOCUMENT NUMBER	1)10 00	0042016		Center Cu.
The enclosed Articles of A		bmitted for filing.		
Please return all correspond	dence concerning this ma	tter to the following:		
, , , , , , , , , , , , , , , , , , ,	_ 1	itza Ho	ernandez	
		Name of Contact Person	1	
	<i>9810</i> Co	Firm/ Company	sicola Suite	 24
	8010 <u>(0</u>	Address	circle Suite	_ 3
	Orlando 1	Address Address City/ State and Zip Code		
			,	
	marbella Sp E-mail address: (to be us	PAOLMOSW sed for future annual report	notification)	
For further information cos	ncerning this matter, pleas	se call:		
Varitza Name of Co	HEVMANDEZ Ontact Person	at (<u>407</u> Area Co	de & Daytime Telephone Nur	60/ nber
Enclosed is a check for the		payable to the Florida Depa		
☐ \$35 Filing Fee	O\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
	Address nent Section		Address ment Section	
	of Corporations	Divisio	n of Corporations entre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment

Articles of Incorporation of

Marbella Aesthet	ics Med Spa & Wellness Cen
(Name of Corporation as currently	filed with the Florida Dept. of State)
P120000 4201	ω
<u>-</u>	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation: Marbela	CACMY SUITES The new ompany, "or "incorporated" or the abbreviation "Corp." professional corporation name must contain the word
B. Enter new principal office address, if applicable:	<u></u>
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	2.
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	SEP 27 6111: 59
D. If amending the registered agent and/or registered office addr new registered agent and/or the new registered office address:	
Name of New Registered Agent	
(Florida stre	not address)
New Registered Office Address:	(City) Florida (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w	ith and accept the obligations of the position.
Signature of New Re	rgistered Agent, if changing
Check if applicable	

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 Do	<u>oe</u>	
X Remove	<u>V</u>	Mike Jo	<u>mes</u>	
X Add	<u>SV</u>	Sally Sn	nith	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
l) 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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ttach additional sh	ling additional Articles, precess, if necessary). (Be	specific)	-		
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	•	<u>-</u>			
an amendment p	rovides for an exchange	, reclassification, o	r cancellation of issu	ed shares,	
provisi <u>ons for imp</u>	dementing the amendme	ent if not contained	in the amendment it	self:	
(if not applicab	ble, indicate N/A)				
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The date of each amendment(s) adoption: date this document was signed.	, if other than the
,	•
Effective date <u>if applicable</u> : (no	more than 90 days after amendment file date)
Note: If the date inserted in this block does not modocument's effective date on the Department of State	eet the applicable statutory filing requirements, this date will not be listed as the 's records.
Adoption of Amendment(s) (CHECK	(ONE)
The amendment(s) was/were adopted by the incoraction was not required.	porators, or board of directors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the share by the shareholders was/were sufficient for appro	holders. The number of votes east for the amendment(s) val.
	reholders through voting groups. The following statement p entitled to vote separately on the amendment(s):
"The number of votes cast for the amendme	nt(s) was/were sufficient for approval
by(voting g	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
(voting g	roup)
Signature -	_023
	or other officer – if directors or officers have not been ator – if in the hands of a receiver, trustee, or other court
appointed fiduciary by the	nat fiduciary)
les	onia Medina Hartinez
(Туре	d or printed name of person signing)
00	Oner of person signing)
(Title	of person signing)