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(((H23000189773 3)))



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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

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

Email Address:

COR AMND/RESTATE/CORRECT OR O/D RESIGN SALAM PLASTIC SURGERY CONSULTING INC

J. HORNE

MAY 3 0 2023

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May 25, 2023

FLORIDA DEPARTMENT OF STATE

SUBJECT: SALAM PLASTIC SURGERY CONSULTING INC

REF: P12000045033

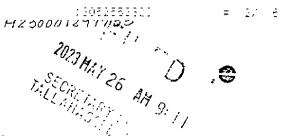
We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The form you submitted is for a FLORIDA NOT FOR PROFIT CORPORATION, but your entity is a FLORIDA PROFIT CORPORATION. Please complete and return the enclosed blank form(s).

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.

Tammi Cline FAX Aud. #: H23000189773
Regulatory Specialist II Supervisor Letter Number: 223A00012083



Articles of Amendment to Articles of Incorporation of

SALAM PLASTIC SURGERY COI	NSULTING INC	
(Name of Corporation as curren	tly filed with the Florida Dept. of State)	
P12000045033		
(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s) to	
A. If amending name, enter the new name of the corporation:		
N/A		
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:	11539 NW 75TH LN	
(Principal office address MUST BE A STREET ADDRESS)	DORAL FL 33178	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	11539 NW 75TH LN	
	DORAL FL 33178	
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office address Name of New Registered Agent N/A	ress in Florida, enter the name of the	
(Florida st	rect address)	
New Registered Office Address: N/A	, Florida	
	(Clty) (Zip Code)	
New Registered Agent's Signature, if changing Registered Agent (hereby accept the appointment as registered agent. I am familiar to be a famil	: with and accept the obligations of the position. Existenced 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 1</u>	<u>John Doe</u>	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u> <u>s</u>	Saily Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
) Change	VP	VANESSA GARCIA	11539 NW 75th LN
X Add			DORAL FL 33178
Remove			
2) Change	<u> </u>		
Add			
Remove 3) Range			
Add			
Remove 4) Change			
Add Remove			
5) Change			
Add Remove			
5) Change			
Add Remove			

(Attach additional sheets, if necessary). (Be specific) N/A	
	<u> </u>
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:	
provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)	
N/A	
IVA .	

	05/26/2023	
The date of each amendmendate this document was signe		, if other than the
rance of the state of	05/26/2023	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)
	this block does not meet the applicable statutory filing requirement the Department of State's records.	ts, this date will not be listed as th
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/we action was not required.	ere adopted by the incorporators, or board of directors without shareh	older action and shareholde:
	ere adopted by the shareholders. The number of votes east for the ambere sufficient for approval.	rendment(s)
	ere approved by the shareholders through voting groups. The following of the following group entitled to vote separately on the amendment	
"The number of vote	s cast for the amendment(s) was/were sufficient for approval	
by	,"	
	(voting group)	
Dated	05/26/2023	
Signaturo_	armes tell	
	By a director, president or other officer - i directors or officers have	
S	elected, by an incorporator – if in the hands of a receiver, trustee, or (other court
a	ppointed fiduciary by that fiduciary)	
	SALOMON EL ALAM	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	