## P12000059021

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	∍ #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: Miracle Sc	culpt, Inc			
DOCUMENT NUMBER: P120000590	21			
The enclosed Articles of Amendment and fee are				
Please return all correspondence concerning this n	natter to the following:			
Maria Vera				
<del></del>	Name of Contact Person	1		
Miracle Sculpt, Inc				
<del></del>	Firm/ Company			
3821 SW 160th AVE #304				
	Address			
Miramar, Fl 330	27			
	City/ State and Zip Cod	e		
miraclesculpt@yaho	oo com			
	used for future annual report	notification)		
`	•	·		
For further information concerning this matter, ple	ease call:			
Maria Vera	at (954	、649-4275		
Name of Contact Person		de & Daytime Telephone Number		
Name of Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check for the following amount mad	le payable to the Florida Depa	artment of State:		
□ \$35 Filing Fee	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Amend Division Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle Eassee, FL 32301		

## **Articles of Amendment**

## Articles of Incorporation

FILED

2012 JUL 30 AM 8: 48

SECRETARY OF STATE TALLAHASSEE FLORIDA

nent(s) to

Pian	00 059	(O)./	IALLAHASSEE I
	nt Number of Corporation	(if known)	
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, th	is <i>Florida Profit Corporation</i> a	dopts the following amendm
A. If amending name, enter the new na	ime of the corporation:		•
n/a			The ne
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or	"Co". A professional corpor	
B. Enter new principal office address, (Principal office address MUST BE A S		n/a	
(Principal office duaress MUST BE AS	IREEI ADDRESS )		
C. Enter new mailing address, if appli (Mailing address MAY BE A POST)		n/a	
D. If amending the registered agent an new registered agent and/or the new			ne of the
Name of New Registered Agent	Maria Vera		
	3821 SW 1601	th Ave #304	•
	(Florida	street address)	-
New Registered Office Address:	Miramar	, Florida	33027
	(Ci	ry)	(Zip Code)
New Registered Agent's Signature, if c	hanging Registered Age	<u>nt:</u>	
I hereby accept the appointment as regist	ered agent I am familit.	r With and accept the obligation	is of the position.
	1	Agout if about it	-
Si	ghatyre of New R <del>eg</del> istere	a Ageni, ij cnanging	

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 <math>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.

X Change	<u>PT</u>	John Doe		
X Remove	<u>v</u>	Mike Jones		
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address	
1) Change	PT	Robert Dollinger	301 NW 179th Ave	
Add			Pembroke Pines FI 33029	
X Remove				
2) X Change	PT	Maria Vera	301 NW 179th AVE	
Add		•	Pembroke Pines FI 33029	
Remove				
3)Change	S	Renee Fowler	301 NW 179th Ave	
X Add			Pembroke Pines FI 33029	
Remove			<u> </u>	
4) Change				
Add				
Remove				
5) Change		- ,		
Add				
Remove				
6) Change				
Add				
Damaua	•			

. If amending or ad (Attach additional s	ding additional Art heets, if necessary).	icles, enter change (Be specific)	e(s) here:		
Please add my EIN # 45-561-2500					
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. If an amendment provisions for im	plementing the ame	endment if not con	tained in the am	endment itself:	1165
(if not applica	ible, indicate N/A)				
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		<u></u>			

The date of each amendment(s) adoption: July 23, 2012		
Effective date if applicable:	•	
	(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 sufficient	by the shareholders. The number of votes cast for the amendment(s) ent for approval.	
	d by the shareholders through voting groups. The following statement voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the	ne amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were adopted action was not required.	by the board of directors without shareholder action and shareholder	
The amendment(s) was/were adopted action was not required.	by the incorporators without shareholder action and shareholder	
Dated 07/23/201	124	
Signature		
	or, president or other officer - if directors or officers have not been	
	an incorporator – if in the hands of a receiver, trustee, or other court duciary by that fiduciary)	
appoint <u>s</u> i	duciny by that nationally,	
· Ma	aria Vera	
4	(Typed or printed name of person signing)	
Pr	esident	
	(Title of person signing)	