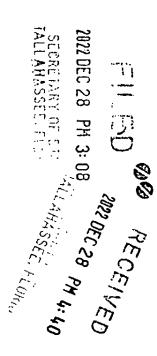
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## **COVER LETTER**

TO: Amendment Section Division of Corporations	
NAME OF CORPORATION:	Nova Cosmetic and Rehabilitation
DOCUMENT NUMBER:	12000079431
The enclosed Articles of Amendment and fee	are submitted for filing.
Please return all correspondence concerning (	nis matter to the following:
Jan	Name of Contact Person
	re Cosmetic And Rehabilitation
9727	Sw 184 St
	Her Bay, FL 33157
E-mail address: (to	City/ State and Zip Code  2 1 molinare S 0 6 9 mail. Com  be used for future annual report notification)
For further information concerning this matter	, please call:
Javier Molin	ares at 305, 910 9590
Name of Contact Person	Area Code & Daydine Telephone Number
Enclosed is a check for the following amount:	made payable to the Florida Department of State:
\$35 Filing Fee	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## Articles of Amendment to Articles of Incompration

(Reme of Corporation as currently filed with the Florida Florida Florida (Reme of Corporation as currently filed with the Florida Flor		Articles of Incorporation
(Name of Comoration as currently filed with the Florida Delication of States)  P 2 0 0 0 7 9 4 3 1  (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. It amending name, enter the new name of the corporation:  The new name must be distinguishable and coruln 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 "charered," professional sociation, or the abbreviation "P.A."  B. Enter new principal office address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  C. Enter new mailing paddress, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  D. If amending the registered agent and/or registered office address:  Name of New Registered Agent and/or the new registered office address:  (Florida street address)  New Registered Office Address:  (Cip) (2ip Code)	the Nova	
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New Registered Agent's Signature, if changing Registered Agent:	New Registered Office Address.	
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.		1 mg = 2 mg
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I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.	New Registered Agent's Signature if	changing Registered Agent:
TAM-	I hereby accept the appointment as regis.	tered agent. I am familiar with and accept the obligations of the position.
		TAM
Signature of New Registered Agent, if changing	-	Signature of New Registered Agent, if changing

Check if applicable

In the amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

address of each Officer (Attach additional sheets Please note the officer/d P = President; V = Vice Executive Officer; CFO President, Treasurer, Di Changes should be noted	and/or E s, if neces. irector titl President Chief Fi rector wo I in the fo aves the c	Nrect sary) le by i t; T= inanc uld be dlowir orpor	r being added:  he first letter of the office title:  Treasurer; S= Secretary; D= Director; TR= 3 al Officer. If an officer/director holds more that  PTD.  g manner. Currently John Doe is listed as the ation, Sally Smith is named the V and S. These	Frustee; C = Chairman or Clerk; CEO = Chief on one title, list the first letter of each office held.  PST and Mike Jones is listed as the V. There is should be noted as John Doe, PT as a Change,
X Change	PI	John	<u>.Doc</u>	
X Remove	¥	Mil	e Jones	
_X Add	<u>sv</u>	Sall	<u>r Smith</u>	
Type of Action (Check One)	Title		Natue	∆ddress
1) XChange	TT	<b>o</b>	Tahis Elena Molinar	es 9722 Sw 184 St
Add				Cutter Bay, FL 33157
Remove  2) Change  Add	P	-	Javier Molinares	<u> </u>
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The date of each amendment(s) adopted this document was signed.  Effective date if applicable:	tion: 12/27/2027 if other than the  12/27/2027  (no more than 90 days after amendment file date)
Note: If the date inserted in this block document's effective date on the Depart	does not meet the applicable statutory filing requirements, this date will not be listed as the ment of State's records.
Adoption of Amendment(s)	(CHECK ONE)
☐ The amendment(s) was/were adopted action was not required.	by the incorporators, or board of directors without shareholder action and shareholder
(X) The amendment(s) was/were adopted by the shareholders was/were suffici	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 east for t	be amendment(s) was/were sufficient for approval
by	,,
	(voting group)
Dated 17 1	2712022
Signature	TUP
	r, 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)
	(Typed or printed name of person signing)
	Vice President
	(Title of person signing)