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R. WHITE

COVER LETTER

NAME OF CORPORATION: Vanity Cosmetic Surgery, Inc DOCUMENT NUMBER: p12000090570		
The enclosed Articles of Amendment and fee are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
ismael labrador		
Name of Contact Person		
Vanity Cosmetic Surgery Inc		
Firm/ Company		
8506 s 8 st		
Address		
Miami,Fl 33144		

labrador2626@aol.com

E-mail address: (to be used for future annual report notification)

City/ State and Zip Code

For further information concerning this matter, please call:

TO: Amendment Section

Division of Corporations

ismael labrador		_{at (} 305	, 262-6070
Name of Contact Person		Area Code & Daytime Telephone Numbe	
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$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

Street Address

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation

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Vanity Cosmetic Surgery Inc

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

p12000090570

ment(s) to

(Document Number	of Corporation (if known	ı)•	
Pursuant to the provisions of section 607.1006, Flor its Articles of Incorporation:	rida Statutes, this <i>Florida</i>	Profit Corporation adop	ots the following amendme
A. If amending name, enter the new name of the	corporation:		
name must be distinguishable and contain the w "Corp.," "Inc.," or Co.," or the designation "Co word "chartered," "professional association," or the	rp," "Inc," or "Co". A	mpany," or "incorpora professional corporation	The new ted" or the abbreviation on name must contain the
B. Enter new principal office address, if applical (Principal office address MUST BE A STREET A)	ble: DDRESS)		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE E	<u></u>		
D. If amending the registered agent and/or regis new registered agent and/or the new registered		lorida, enter the name	of the
Name of New Registered Agent			
	(Florida street addr	ess)	
New Registered Office Address:		, Florida	
	(Ciţy)		(Zip Code)
New Registered Agent's Signature, if changing R I hereby accept the appointment as registered agent	t. I am familiar with and		f the position.
Signature of	New Registered Agent, is	Changing	

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> <u>John</u>	<u>Doe</u>	
X Remove	<u>V</u> <u>Mike</u>	e Jones	
X Add	SV Sally	y Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	VicePr	Aimme de la Rosa	13985 sw 20 st
Add			miami fl 33175
Remove			
2) Change			
Add			
Remove			
3) Change			1.0190
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

f 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)		les, enter change(s) here: (Be specific)	
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The date of each amendment(s) adoption: OCI 6 2014 date this document was signed.	, if other than the
Effective date if applicable: Sep 1 2014	
(no more than 90 days after amendment file date)	_
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes east 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 Oct 6 2014 OCT 6 20014	
Signature # M.M.	
(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)	
Ismael Labrador	
(Typed or printed name of person signing)	
President	
(Title of person signing)	