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COVER LETTER

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TO: Amendment Sec Division of Corp				` - ,	MAY 29	() em
NAME OF CORPO	RATION: LCC Medical Grou	up, Corp		772.g	AH 9: 10	
	DOCUMENT NUMBER: P14000091400					تخنيعد
	s of Amendment and fee are su			28 1014	0	
Please return all corre	espondence concerning this ma	tter to the following:				
	Vivian Salinas					
		Name of Contact Persor	1			
	LCC Medical Group, Corp					
		Firm/ Company				
	1150 NW 72 Ave Suite 620					
	Miami, Florida 33126	Address				
		City/ State and Zip Code	:			
vsali	nasceo@lccmedicalresearch.co	nm				
	_	sed for future annual report	notification)			
For further information	on concerning this matter, pleas	se call:				
Vivian salinas		at (305	812-4329			
Name	of Contact Person		de & Daytime Telephone Nur	mber		
Enclosed is a check f	or the following amount made	payable to the Florida Depa	rtment 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)			
Am Div P.C	nendment Section vision of Corporations D. Box 6327 Iahassee, FL 32314	Amend Divisio Clifton 2661 E	Address ment Section n of Corporations Building xecutive Center Circle ussee, FL 32301			

Articles of Amendment to Articles of Incorporation LCC Medical Group, Corp. (Name of Corporation as currently filed with the Florida Dept. of State) P14000091400 (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. If amending name, enter the new name of the corporation: LCC MedSpa, Corp name must be distinguishable and contain 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 "chartered," "professional association," or the abbreviation "P.A." Same B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: Same (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Same Name of New Registered Agent (Florida street address) New Registered Office Address: Florida (City) (Zip Code) 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. Signature of New Registered Agent, if 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 <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.

Example: X Change	<u>PT</u>	John Do	<u>oe</u>	
X Remove	<u>V</u>	Mike Jo	nes	
_X Add	<u>sv</u>	Sally Sr	nith	
Type of Action (Check One)	<u>Title</u>		Name	Address
i) Change		_	Same	Same
Add				
Remove				
2) Change		_		
Add				
Remove				
3) Change		-		
Add				
Remove				
4) Change	 			
Add				
Remove				
5) Change				
		_		
Remove				-
6) Change		_		
Add				
Damassa				

E. If amending or adding additional Articolarch additional sheets, if necessary).	vies, enter vnange(s) nere: (Be specific)
N/A	
	- ·· ·
<u> </u>	
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F. If an amendment provides for an exch	ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:
(if not applicable, indicate N/A)	The state of the s
N/A	
	
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May 22, 2015
The date of each amendment(s) adoption:, if other than date this document was signed.
•
Inmidiate Effective date if applicable:
(no more than 90 days after amendment file date)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records.
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 100%
(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. May 22, 2015 Dated
Signature
(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)
Vivian Salinas
(Typed or printed name of person signing)
President
(Title of person signing)