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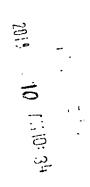
(Re	questor's Name)			
(Ad	dress)			
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(Cit	y/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				





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Amend

OCT 3 0 2019
I ALBRITTON

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPO	RATION: GENESIS COSMI	ETIC CENTER & MEDICA	AL SPA INC		
DOCUMENT NUM	P15000002668	-	.		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.			
Please return all corre	spondence concerning this ma	tter to the following:			
	Rosa M Suero Ramirez				
		Name of Contact Person	1		
	GENESIS COSMETIC CENTER & MEDICAL SPA INC				
		Firm/ Company			
	2200 SW 16 ST STE 216-21	8			
	Address				
	MIAMI, FL 33145				
		City/ State and Zip Cod	<u> </u>		
For further informatic	n concerning this matter, pleas	sed for future annual report se call: .786	notification) 587-8771		
		at ()de & Daytime Telephone Number		
	of Contact Person or the following amount made				
■ \$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		Ameno Divisio Cliftor	Address Iment Section on of Corporations Building Executive Center Circle		

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

to

GENESIS COSMETIC CENTER & MEDICAL SPA INC

(Name o	of Corporation as currently fil	ed with the Florida Dept. of State)	
P15000002668			
	(Document Number of Co	rporation (if known)	
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006. Florida Statutes, this Flor	rida Profit Corporation adopts the foll	owing amendment(s)
A. If amending name, enter the new na	me of the corporation:		
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc." or "Co"	. A professional corporation name i	The new he abbreviation nust contain the
B. Enter new principal office address, (Principal office address MUST BE A S			
			
C. Enter new mailing address, if appli (Mailing address MAY BE A POST)			
	<u>-</u>		5
D. If amending the registered agent an new registered agent and/or the new		in Florida, enter the name of the	3. 10: 31.
Name of New Registered Agent	ROSA M SUERO RAMIREZ		
	2200 SW 16 ST STE 216-218		
	(Florida street d	address)	
New Registered Office Address:	MIAMI	, Florida_33	145
	(Cit	v)	(Zip Code)
New Registered Agent's Signature, if c I hereby accept the appointment as registered.	ered agent. I am familiar with	and accept the obligations of the posi	tion.

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>	John Do	<u> </u>	
X Remove	<u>v</u>	Mike Jo	<u>ones</u>	
X Add	<u>sv</u>	Sally Si	<u>mith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change	PRES		ROSA M SUERO RAMIREZ	2200 SW 16 ST STE 216-218
X Add		- -		MIAMI, FL 33145
Remove				
2) Change		_		
Add				
Remove				
3) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change				
Add		_		
Add Remove				
Kemove				

Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
,	
<u></u>	
·····	
6	hanna makanifi melan an makharian afilmud ahanna
provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
•	
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The date of each amendment late this document was signed		, if other than the
-	10/01/2019	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file dat	<u>(e)</u>
	this block does not meet the applicable statutory filing requirement Department of State's records.	nts, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/wei by the shareholders was/we	re adopted by the shareholders. The number of votes cast for the arere sufficient for approval.	nendment(s)
	re approved by the shareholders through voting groups. The followed for each voting group entitled to vote separately on the amendm	
	cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/wer action was not required.	re adopted by the board of directors without shareholder action and	shareholder
☐ The amendment(s) was/wer action was not required.	re adopted by the incorporators without shareholder action and shareholder	reholder
Dated	10/1/2019	
Se	by a director, president of other officer – if directors or officers have elected, by an incorporator – if in the hands of a receiver, trustee, of oppointed fiduciary by that fiduciary)	e not been r other court
	(Typed or printed name of person signing)	nice Z
	(Title of person signing)	