## P15000005736

(R	equestor's Name)	
	ddress)	
(A	ddress)	
(C	ity/State/Zip/Phone	: #)
PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Nam	ne)
(D	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to Filing Officer:		

Office Use Only



200291019362

- 10/07/16--01011--001 \*\*35.00

2414 OCT -8 FM 7: 00

OCT 1 2 2015 C. CARROTHERS

## **COVER LETTER**

Division of Corporations
NAME OF CORPORATION: CSM ESTRETICS  DOCUMENT NUMBER: P 150000505036
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Name of Contact Person
Firm/ Company Eldeo Collage Pkuy + Wo
FT. MULIS & 33917  City/ State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Contact Person  at ( ) 39 ( ) Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
S35 Filing Fee  Certificate of Status  Certified Copy (Additional copy is enclosed)  Certified Copy (Additional Copy is enclosed)  Certified Copy (Additional Copy is enclosed)

Mailing Address

TO: Amendment Section

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 to Articles of Incorporation of

CSM Esthetics	
P (Name of Corporation as current)	ly filed with the Florida Dept. of State)
(Document Number o	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	The new
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	Eldo College Frantis
	20 22 22 22 22 22 22 22 22 22 22 22 22 2
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	80 BCT ~8
	7
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office address	
Name of New Registered Agent	
(Florida st	rreet address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familiar	
•	
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 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>Joh</u>	<u> 1 Doe</u>	
X Remove	$\underline{V}$ $\underline{Mik}$	e Jones	
$X  ext{ Add}$	<u>SV</u> <u>Sall</u>	<u>v Smith</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change			
Add			
Remove			And a Additional Section of the Control of the Cont
2) Change	VP_	Cilean Back	5715 BASSCIYCLE FEMILERS F. 22919
Add.	-		11114cv31-37111
Remove Change	12 _	John M. Nassif	17981 Via Bellainander. Miromar Lalles Fr 3391
Remove  Change Add	VP	Marie Rose	6994 Pickadilly Gt. Pt. Myers R 33919
Remove	•		<u> </u>
51 Change Add			
Remove			
6) Change	<del></del>		
Add			
Remove			

E. If, amending or adding additional Arti (Attach additional sheets, if necessary).	
NA	•
	nange, reclassification, or cancellation of issued shares, and and in the amendment itself:  Attached
John M. Nassif	will now hold 1% of shares
Marierose ous	D needs to be removed.

The date of each amendment(s) adoption: October   2010
Effective date <u>if applicable</u> :
(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 a 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 cast 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 9 30 100
Signature SUN BEEL
(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)
Susan Beil
(Typed or printed name of person signing)
President
(Title of person signing)