## P15000006436

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	RATION: The center for cost	netic surgery inc			
DOCUMENT NUM	BER: p15000006436				
	s of Amendment and fee are su	bmitted for filing.			
Please return all corre	espondence concerning this ma	tter to the following:			
	Caridad Mireya Gallardo				
	Name of Contact Person				
	the center for cosmetic surgery inc				
		Firm/ Company	<del></del>		
	8506 sw 8 st				
		Address			
	miami fl 33144				
		City/ State and Zip Code	e		
yarie	elg006@gmail.com				
<del>-</del>		sed for future annual report	notification)		
		·			
For further information	on concerning this matter, pleas	se call:			
Caridad Mireya		at ( <u>305</u>	2626070		
Name of Contact Person		Area Co	de & Daytime Telephone Number		
Enclosed is a check f	or 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		Amend Divisio Clifton	Address Iment Section on of Corporations Building executive Center Circle		

Tallahassee, FL 32301

## **Articles of Amendment** to **Articles of Incorporation**

the center for cosmetic surgery inc (Name of Corporation as currently filed with the Florida Dept. of State) p15000006436

	(Document Number of	Corporation (if known)		
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this F	lorida Profit Corporation ad	opts the followin	g amendment(s) to
A. If amending name, enter the new na	ame of the corporation:			
				_The new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or "C	o". A professional corpora		bbreviation
B. Enter new principal office address,	if annlicable.	8506 sw 8 st		
(Principal office address <u>MUST BE A STREET ADDRESS</u> )		miami florida 33144		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		8506 sw 8 st		
		miami florida 33144		
D. If amending the registered agent an new registered agent and/or the new		ss in Florida, enter the nam	ne of the	
Name of New Registered Agent caridad mireya gallardo				
	8506 sw 8 st miami florida	33144		-
	(Florida stre	et address)		-
New Registered Office Address:	8506 sw 8 st miami		Florida 33144	
<u></u>		City)		Code)
New Registered Agent's Signature, if c I hereby accept the appointment as regist	tered agent. I am familiar w		SEE T	
	Signature of New Re	gistered 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>	John Do		
X Remove	<u>V</u>	Mike Jo	<u>nes</u>	
X Add	<u>SV</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change		_		
Add				
Remove				
2) Change		_	<del></del>	
Add				
Remove				
3) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change				
Add		_		
Remove				
6) Change		_		
Add				
Damaya				

(Attach add	or adding additional Articles, enter change(s) here: onal sheets, if necessary). (Be specific)
_	
. If an amen	ment provides for an exchange, reclassification, or cancellation of issued shares, for implementing the amendment if not contained in the amendment itself:
(if no	pplicable, indicate N/A)
· · ·	
<u></u>	

	05/17/2016	
The date of each amendment(s date this document was signed.	adoption:	, if other than the
	5/17/2016	
Effective date <u>if applicable</u> : <u> </u>	(no more than 90 days after amendment	t file date)
		,
Note: If the date inserted in the document's effective date on the	is block does not meet the applicable statutory filing rec Department of State's records.	quirements, this date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
☐ The amendment(s) was/were by the shareholders was/wer	adopted by the shareholders. The number of votes cast for sufficient for approval.	or the amendment(s)
	approved by the shareholders through voting groups. The for each voting group entitled to vote separately on the a	
"The number of votes of	ast for the amendment(s) was/were sufficient for approval	1
by	(voting group)	,, -
	(voting group)	
The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder act	tion and shareholder
The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action a	and shareholder
05/17/2 Dated	016	
Signature	Janulul,	
(Ву	a director, president or other officer - if directors or offic cted, by an incorporator - if in the hands of a receiver, tru	cers have not been
	ointed fiduciary by that fiduciary)	ustee, or other court
	caridad mireya gallardo	
	(Typed or printed name of person signing)	
	president	
	(Title of person signing)	