P16000010785

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COVER LETTER

TO: Amendment Section

Division of Corporations Surgical & Aesthetic Supplies, Corp. NAME OF CORPORATION: **DOCUMENT NUMBER:** The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Camilo F. Sanchez Name of Contact Person Surgical & Aesthetic Supplies, Corp. Firm/ Company 931 Flanders T Address Delray Beach, FL 33484 City/ State and Zip Code cfsanchezm@yahoo.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Camilo F. Sanchez 5 Area Code & Daytime Telephone Number Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: ■ \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) **Mailing Address Street Address** Amendment Section Amendment Section

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Clifton Building

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

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Articles of Amendment

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Articles of Incorporation

Surgical & Aesthetic Supplies, Corp (Name of Corporation as currently filedy P16000010785 (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: The new 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." B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>) C. Enter new mailing address, if applicable: (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: Name of New Registered Agent (Florida street address) New Registered Office Address: (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 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 Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
l) Change	<u>v</u>	Oscar Arango	931 Flandres T
Add			Delray Beach, FL 33484
X Remove			
2) Change	SD	Sheri Prentiss	2238 N. Cypress Bend Drive
XAdd			Ap. 502
Remove			Pompano Beach, FL 33069
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

amendment provides for an exchange, reclassification, or cancellation of issued shares, risions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)	ach additional sheets, if necessa	Articles, enter change(s) here: ary). (Be specific)
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The date of each amendment(s) adoption:	, if other than the
late this document was signed.	
Effective date <u>if applicable</u> :	
(no more than 90 days after amend	ment file date)
Note: If the date inserted in this block does not meet the applicable statutory filing ocument's effective date on the Department of State's records.	g requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes can by the shareholders was/were sufficient for approval.	ast for the amendment(s)
The amendment(s) was/were approved by the shareholders through voting groups. must be separately provided for each voting group entitled to vote separately on the separately provided for each voting group entitled to vote separately on the separately of the separ	
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The amendment(s) was/were adopted by the board of directors without shareholde action was not required.	r action and shareholder
The amendment(s) was/were adopted by the incorporators without shareholder act action was not required.	ion and shareholder
Signature (By a director, president or other officer – if directors or	
selected, by an incorporator – if in the hands of a receive appointed fiduciary by that fiduciary)	
Camilo F. Sanchez	
(Typed or printed name of person sign	ing)
President-CEO	·

(Title of person signing)