P16 000038386

(Re	equestor's Name)	
(Ad	ldress)	
(Ac	ldress)	
(Cit	ty/State/Zip/Phone	= #)
PICK-UP	☐ WAIT	MAIL.
(Bu	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: Nu Med Spa, Inc.				
DOCUMENT NUMB					
The enclosed Articles	of Amendment and fee are sul	bmitted for filing.	•		
Please return all corres	pondence concerning this mat	ter to the following:			
	Stephanie B. Teasley				
•	<u> </u>	Name of Contact Person	1		
	Professional Advantage, LLC				
•	Firm/ Company				
	12730 187th Place North				
		· Address			
	Jupiter, FL 33478				
		City/ State and Zip Code)		
sbteas	leyaccet@gmail.com				
		ed for future annual report	notification)		
	n concerning this matter, pleas		CO2 2710		
Stephanie B. Teasley		at (de & Daytime Telephone Number		
· Name o	of Contact Person	Area Coo	de & Daytime Telephone Number		
Enclosed is a check for	the following amount made p	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)		
Ame Divi P.O.	ling Address Indment Section Ission of Corporations Box 6327 Ishassee, FL 32314	Amend Divisio Clifton 2661 E	Address ment Section n of Corporations Building xecutive Center Circle issee, FL 32301		

Articles of Amendment to Articles of Incorporation of

	tly filed with the Florida Dept. of State)
Nu Med Spa, Inc.	
(Document Number of	of Corporation (if known)
ursuant to the provisions of section 607.1006, Florida Statutes, this s Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(
. If amending name, enter the new name of the corporation:	
ruminous Medical Esthetics, Inc.	The new
ame must be distinguishable and contain the word "corporation Corp" "Inc.," or Co.," or the designation "Corp," "Inc," or ord "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 <u>MUST BE A STREET ADDRESS</u>)	
	المنافقة الم
Enter new mailing address, if applicable:	5 5 F.
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	
). <u>If amending the registered agent and/or registered office add</u>	duess in Florida, autor the name of the
new registered agent and/or the new registered office address	
Name of New Registered Agent	
Name of New Registered Agent	
	treet address)
	treet address) Florida

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)	<u>Title</u>	<u>Nan</u>	<u>ne</u>		£	Address
1) Change		_			_	
Add						
Remove					_	
2)Change		_			_	
Add					_	
Remove						
3) Change					_	
Add					_	
Remove						
4) Change		_		_	_	
Add					_	
Remove					-	
5) Change					_	
Add						
Remove					_	
6) Change		_			_	
Add					_	
Remove						

E. If amending or adding additional Art (Attach additional sheets, if necessary).	<u>ficies, enter change(s) here</u> : (Be specific)
N/A	
F. If an amendment provides for an exc	hange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	endment if not contained in the amendment itself:
N/A	
	

The date of each amendment(s) at date this document was signed.	loption: if ot	her than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this b document's effective date on the De	lock does not meet the applicable statutory filing requirements, this date will not be l partment of State's records.	listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes east for the amendment(s) fficient for approval.	
	proved by the shareholders through voting groups. The following statement 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)	
	(voting group)	
☐ The amendment(s) was/were add action was not required.	opted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and shareholder	
Dated bd20	phanie B. Musley	
Signature Sty	many B. Musley	
(By a d	irector, president or other officer - if directors or officers have not been	
	d, by an incorporator – if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary)	
	STEPHANIE B. TEAGURY	
	(Typed or printed name of person signing)	
	INCORPORATOR	-
	(Title of person signing)	