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#### COVER LETTER

TO: Amendment Section Division of Corporations

# JOLIE PLASTIC SURGERY, INC

DOCUMENT NUMBER: P17000044173

The enclosed Articles of Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the PLLT Warp

JESUS NOVO, ESQ.

Name of Contact Person

Firm/ Company

8492 SW 8 ST

Address

MIAMI, FLORIDA 33144

City/ State and Zip Code

يديد ماني

INFO@JOLIEPLASTICSURGERY.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JESUS NOVO, ESQ. Name of Contact Person at (305 ) 261 7000 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

Ui\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) 1911 OCT -1 114 11- 36

Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 <u>Street 4ddysss</u> Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

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Articles of Amendment
to
Articles of Incorporation
of

JOLIE PLASTIC SURGERY, INC

ļ	Name of Corporation	as currently fi	iled with the	Florida Dept. of State)

. .

P17000044173

(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:

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 MUST BE A STREET ADDRESS)

C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 8506 SW 8 ST MIAMI FL 33144

1818 OCT - 1 - 1 - 1 - 23

The new

8506 SW 8 ST MIAMI FL 33144

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	JESUS NOVO, ESQ	
	8492 SW 8 ST	
	(Florida street address)	
<u>New Registered Office Address:</u>	MIAMI	, Florida 33144
	(City)	(Zip Code
	(Сіџу)	(Zip C
<u>v Registered Agent's Signature, if c</u>		
veby accept the appointment as regist	ered agent. I am familiar with and accept the	e obligations of the position.



#### 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 = ChiefExecutive Officer: CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each officer 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, Sully 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:

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<u>X</u> Change	<u>PT</u>	John Doe	
X Remove	Y	Mike Jones	
<u>X</u> Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	Title	Name	Address
1) Change	P	ENMANUEL PIMENTEL	1303 SW 107 AV MIAMI FL 3317
Add			
X Remove			
2) Change	P	CARIDAD M PIMENTEL	8506 SW 8 ST MIAMI FL 33144
XAdd			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

### E. If amending or adding additional Articles, enter change(s) here:

\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

\_\_\_\_

\_\_\_\_

\_\_\_\_

(Attach additional sheets, if necessary). (Be specific)

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)

Page 3 of 4

The date of each amendment(s) ac	loption:, if other than the
date this document was signed.	
9/18 Effective date <u>if applicable</u> :	/2018
	(no more than 90 days after amendment file date)
<b>Note:</b> 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 listed as th partment of State's records.
Adoption of Amendment(s)	( <u>CHECK_ONE</u> )
The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes east for the amendment(s) fficient for approval.
	roved by the shareholders through voting groups. The following statement cach 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 add action was not required.	pted by the board of directors without shareholder action and shareholder
The amendment(s) was/were add action was not required.	pted by the incorporators without shareholder action and shareholder
8/18/2018 Dated	
	hint
selected	ircept: president or other officer – if directors or officers have not been doby an incorporator – if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)
чроп	Caridad M. Dimentel
	(Typed or printed name of person signing)
	A resident.
	(Title of person signing)

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