P17000044173

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Business Entity Name)
(Document Number)
ertified Copies Certificates of Status
Special Instructions to Filing Officer
Special Instructions to Filing Officer:
Office Use Only



05/17/21--01029--005 **35.00

J. FASON JUN 2 8 2021

. . .

COVER LETTER

 \mathbf{r}

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:

DOCUMENT NUMBER: P17000044173

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

Please return all correspondence concerning this matter to the following:

Estrella Rojas

Name of Contact Person

JOLIE PLASTIC SURGERY INC

Firm/ Company

8512 SW 8 ST

Address

MIAMI, FL 33144

City/ State and Zip Code

rojasestrella01@gmail.com

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

For further information concerning this matter, please call:

 Estrella Rojas
 at (3052628347)

 Name of Contact Person
 Area Code & Daytime Telephone Number

 Enclosed is a check for the following amount made payable to the Florida Department of State:

\$35 Filing Fee

Status Certificate of Status

□\$43.75 Filing Fec & 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 Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

JOLIE PLASTIC SURGERY INC

. .

(Name of Corporation as currently filed 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:

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 MUST BE A STREET ADDRESS)

- 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:

<u>Name of New Registered Agent</u>

(Florida street address)

<u>New Registered Office Address:</u>

_	
- (City

_____, Florida (Zip Code)

. •

<u>New Registered Agent's Signature, if changing Registered Agent:</u> I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.	2021111117
Signature of New Registered Agent, if changing	בד
Check if applicable	\sim
□ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c). F.S.	C 0

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 \mathbf{PT} John Doe X Remove V Mike Jones X Add SVSally Smith Type of Action <u>Title</u> <u>Name</u> Address (Check One) GALLARDO PIMENTEL, CARIDA Pres 8512 sw 8 st Miami florida 33144 1) ____ Change ____ Add х _ Remove Presiden Estrella Roja 8512 sw 8 st 2) ____ Change х Miami Florida 33144 ___ Add ____ Remove 3) ____ Change ___ Add ____ Remove 4) ____ Change ____ Add _____ Remove 5) ____ Change ____ Add ___ Remove 6) ____ Change ___ Add _____ Remove

E. <u>If amending or adding additional Articles, enter change(s) here</u>: (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)

	May 11 2021
The date of each amendment	t(s) adoption:, if other than th
date this document was signed	l.
Effective date if applicable:	May 11 2021
	(no more than 90 days after amendment file date)
document's effective date on t	this block does not meet the applicable statutory filing requirements, this date will not be listed as the he Department of State's records.
document's effective date on t Adoption of Amendment(s)	he Department of State's records.

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)

May 11 2021 Dated_ 21 Signature

(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)

Estrella Roja

(Typed or printed name of person signing)

President And Ceo of Jolie Plastic Surgery

(Title of person signing)