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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: ENHANCED A	ESTHETICS & LASER CENTER, INC.
DOCUMENT NUMBER: P17000048002	
The enclosed Articles of Amendment and fee are	submitted for filing.
 Please return all correspondence concerning this 	matter to the following:
BRIGETTE ANN DELUC	CIA
KASBAR, SANCHEZ &	Name of Contact Person DELUCIA
3880 SHERIDAN STREE	Firm/ Company
HOLLYWOOD, FL 3302	Address
brigette@ksdaccounting.com	City/ State and Zip Code
	e used for future annual report notification)
For further information concerning this matter, pl	
Brigette Ann DeLucia	at (954) 983-2990
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount ma	de payable to the Florida Department of State:
■ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Statu	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

ENHANCED AESTHETICS & LASER CENTER, INC.

ENTANCED ABSTRETICS & EASER CE		
(Name of C	orporation as currently filed with the Florida Dept. of State)	
P17000048002		
	L'D. A. Maria de G.	
	(Document Number of Corporation (if known)	
Pursuant to the provisions of section 607.100 its Articles of Incorporation:	Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment	(s) to
A. If amending name, enter the new name	of the corporation:	
	The new	
name must be distinguishable and contain "Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association	the word "corporation," "company," or "incorporated" or the abbreviation or "Corp," "Inc," or "Co". A professional corporation name must contain the or the abbreviation "P.A."	
B. Enter new principal office address, if a	pplicable:	
(Principal office address MUST BE A STR		
C. Patanana and Baradana (Cambra)		
C. Enter new mailing address, if applicate (Mailing address MAY BE A POST OF)		
(maining dadress MAT DE ATOST OF	TICE BOX)	
	5-22 S	
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	<u> </u>	
	mo i	T]
	r registered office address in Florida, enter the name of the	フ
new registered agent and/or the new re	egistered office address:	
Name of New Registered Agent	一	
Name of New Registered Agent	→ T 59	
	(Florida street address)	
New Registered Office Address:	, Florida	
	(City) (Zip Code)	
New Registered Agent's Signature, if chan	nging Registered Agent:	
	d agent. I am familiar with and accept the obligations of the position.	
		
	Signature of New Registered Agent, if Changing	

Executive Officer; CFO	rector titl Presideni = Chief l	e by the firs ; T= Treasi inancial O	rer; S= Secretary; D= Director; T ficer. If an officer/director holds n	R= Trustee; C = Chairman or Clerk: CEO = Chief nore than one title, list the first letter of each office
	l in the fo wes the c	llowing man orporation,	ner. Currently John Doe is listed a. Sally Smith is named the V and S. T	s the PST and Mike Jones is listed as the V. There is hese should be noted as John Doe, PT as a Change,
Example: X Change	<u>PT</u>	John Doe		
X Remove	<u>V</u>	Mike Jone	<u>\$</u>	
X Add	<u>\$V</u>	Sally Smit	 <u> </u> 	
Type of Action (Check One)	<u>Title</u>	N	ll <u>ame</u>	<u>Addres</u> s
1) Change	VP	_ F	YAN PHILLIPS	18211 PINES BLVD.
Add				PEMBROKE PINES, FL 33029
X Remove				A Hilley
2) Change			1	
Add				
Remove				
3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

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:

E. If amending or adding additional Articl	 es, enter change(s) here:
(Attach additional sheets, if necessary).	(Be specific)
 	
	<u> </u>
	
. If an amendment provides for an eycha	nge, reclassification, or cancellation of issued shares,
provisions for implementing the amend	dment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
	<u> </u>
<u> </u>	
	

	September 1, 2017	'C salsus alson also
The date of each amendment(s) adoption: _ date this document was signed.		_, if other than the
-		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does document's effective date on the Department	not meet the applicable statutory filing requirements, this date will of State's records.	not be listed as the
Adoption of Amendment(s) (C	HECK ONE)	
■ The amendment(s) was/were adopted by the by the shareholders was/were sufficient for	shareholders. The number of votes cast for the amendment(s) rapproval.	
	the shareholders through voting groups. The following statement pg group entitled to vote separately on the amendment(s):	
"The number of votes cast for the an	nendment(s) was/were sufficient for approval	
by	ding group)	
6	edting group)	
☐ The amendment(s) was/were adopted by the action was not required.	board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were adopted by the action was not required.	ne incorporators without shareholder action and shareholder	
Dated 9/117 Signature		_
(By a director and	esident or other officer – if directors or officers have not been	_
selected, by an ig appointed fiducia	orporator – if in the hands of a receiver, trustee, or other court ary by that fiduciary)	
Stephani		
	(Typed or printed name of person signing)	
President		
	(Title of person signing)	