## 917000058355

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S. TALLENT JUL 28 2017 TO JUL 24 PH 4: 38

## **COVER LETTER**

TO: Amendment Section Division of Corporations NAME OF CORPORATION: PETEYSEN MEDILUI (DYP DOCUMENT NUMBER: P170000 59355 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Medical Losp Firm/Company 8210 W Flagler SI,
Address Miami, FL 33144 peter senmelital 8210 @ gmail. (Dm. Velosmetic Surgery in l@ gmail. com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at ( 305 ) 318 - 415 )
Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: S35 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

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

is enclosed)

## Articles of Amendment to Articles of Incorporation of

(Name of Corporation as currer	otly filed with the Florida Dept. of State)
Petersen Medical corp	P17000058355
	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this Articles of Incorporation:	is Florida Profit Corporation 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 the word "corporat "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	<u> </u>
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	
	(SE 22 F 1)
C. Enter new mailing address, if applicable:	A A210 W Floater SEA =
(Mailing address <u>MAY BE A POST OFFICE BOX</u> )	7 UFIU VV 1 (40)16 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	miami, FL 33144 =
D. If amending the registered agent and/or registered office ad- new registered agent and/or the new registered office addre	
Name of New Registered Agent	
(Florida	street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Age	nt:
I hereby accept the appointment as registered agent.—I am familia	r 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 Doc	<u>.</u>		
	X Remove	$\underline{V}$	Mike Jon	<u>ies</u>		
	X Add	<u>sv</u>	Sally Sm	<u>ith</u>		
	Type of Action (Check One)	<u>Title</u>		<u>Name</u>		Address
	11 Change	NP		Barnava	Gonzalez	3176 NW 107 St
	Add					Miami FL 33147
	X Remove					
	2) Change		_			
	Add					
	Remove					<del></del>
	3 ) Change		_		<del></del>	
<b>-</b>				· •		
	Remove					
	4) Change					
	Add					
•	Remove					
	51 Change				· · · · · ·	
	Add					
	Remove					
	Character Character					
	6)Change	- <del></del>	<del></del>			
	Add					
	Remove					

attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
	<u> </u>
	<del></del>
	the control of the co
provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
N/A	
14/7	
	,

, ————————————————————————————————————	, if other than the
date this document was signed.	
Effective date if applicable: (no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date document's effective date on the Department of State's records.	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 cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The 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)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 07   19   2017 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 (idintiary by that fiduciary)	
(Typed or printed name of person signing)	
P(esident) (Title of person signing)	
(Time of person signing)	