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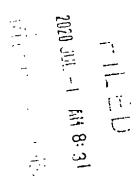
(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Cara Phicine,
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Office Use Only



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I ALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: TESTINETICS By C	in, Inc			
DOCUMENT NUMBER: <u>\$180000</u> 32774				
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Cara Rand - Pricone				
Cara Rand-Pricone Name of Contact Person				
Hesthetics By Cara, The				
· · · · · · · · · · · · · · · · · · ·				
1071 Stoney (Jeck Dr				
/ Address				
Lakeland, FL 33811 City/State and Zip Code				
City/ State and Zip Code				
E-mail address: (to be used for future annual report notification)				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Cara Rand Pricane	863 4097725			
Name of Contact Person	Area Code & Daytime Telephone Number			
Enclosed is a check for the following amount made payable to th	e Florida Department of State:			
Certificate of Status Certified	nal copy is Certified Copy			
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, El. 32303			



June 22, 2020

CARARAND PRICONE 1071 STONEY CREEK DR LAKELAND, FL 33811

SUBJECT: AESTHETICS BY CARA, INC.

Ref. Number: P18000032774

We have received your document for AESTHETICS BY CARA, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Entities may file using only the entity's name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing an application and submitting the appropriate fees to this office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 420A00012337

Irene Albritton Regulatory Specialist II

www.sunbiz.org

Articles of Amendment to' Articles of Incorporation

of	\mathbf{r}^{-1} \mathcal{C}^{-1}
AESTHETICS E	BY CARA, INC.
(Name of Corporation as current	tly filed with the Florida Dept. of State)
P18000032774	
(Document Number of	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s) t
A. If amending name, enter the new name of the corporation:	
Car	allia Nedical Aesthetics Fre The new
name must be distinguishable and contain the word "corporation," 'Inc.," or Co.," or the designation "Corp," "Inc," or "Co". "chartered," "professional association," or the abbreviation "P.A.	'company," or "incorporated" or the abbreviation "Corp.," A professional corporation name must contain the word
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	5999 Dundee Rel Suite 700 WH, FL 3:3884
	WH, FL 3:3884
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 add new registered agent and/or the new registered office addres	
Name of New Registered Agent	
(Florida st	treet address)
New Registered Office Address:	(City) Florida (Zip Code)
	(ca) (cap cone)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

	(Be specific)
	MIC I
<u> </u>	
an amendment provides for an exc	hange, reclassification, or cancellation of issued shares,
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rovisions for implementing the amo	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
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The date of each amendment(s) a	doption:	, 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 bedocument's effective date on the De	lock does not meet the applicable statutory filing requirepartment of State's records.	ements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were add action was not required.	opted by the incorporators, or board of directors without s	hareholder action and shareholder
☐ The amendment(s) was/were add by the shareholders was/were so	opted by the shareholders. The number of votes cast for the ficient for approval.	he amendment(s)
	proved by the shareholders through voting groups. The for each voting group entitled to vote separately on the american	
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	,	
	(voting group)	
Dated	6/2/2020 Cheekzand Puione	
Signature	there your more	
	irector, president or other officer – if directors or officers d, by an incorporator – if in the hands of a receiver, truste	
	ted fiduciary by that fiduciary)	c, or other court
•	Cava Rand-Pricine (Typed or printed name of person signing)	
	(Typed or printed name of person signing)	· · · · · · · · · · · · · · · · · · ·
	President	
	(Title of person signing)	