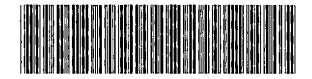
P190000 23712

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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COVER LETTER

| | | COVERTEITER | | |
|--|---|--|--|--|
| TO: Amendment Sect Division of Corp | | | • | |
| NAME OF CORPO | RATION: DERMAPEU EQU | JIPMENT AND SUPPLIES | S CORP. | More and the second sec |
| DOCUMENT NUMI | P19000023712 | | | |
| The enclosed Articles | of Amendment and fee are su | | | |
| Please return all corre | spondence concerning this ma | tter to the following: | | |
| | MANUEL ORTIZ | | | |
| | | Name of Contact Person | 1 | |
| | Name of Contact Person DERMAPEU EQUIPMENT AND SUPPLIES CORP. | | | |
| | | Firm/ Company | | |
| | | | | |
| | | Address | | |
| | DORAL, FL 33166 | | | |
| | | City/ State and Zip Cod | e e | _ |
| ALLI | BSFLORIDA@GMAIL.COM | | | |
| | E-mail address: (to be us | sed for future annual report | notification) | |
| For further informatio | n concerning this matter, pleas | se call: | | |
| MANUEL ORTIZ | | 305 | 338-2943 | |
| Name of Contact Person | | Area Co | de & Daytime Telephone Nu | nber |
| Enclosed is a check fo | or the following amount made | payable to the Florida Depa | irtment of State: | |
| S35 Filing Fee | □\$43.75 Filing Fee & Certificate of Status | □\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) | |
| | iling Address | | Address | |
| Amendment Section Division of Corporations | | Amendment Section Division of Corporations | | |
| P.O | . Box 6327 | Clifton | Building | |
| Tall | ahassee, FL 32314 | 2661 Executive Center Circle | | |

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

DERMAPEU EQUIPMENT AND SUPPLIES CORP.

| (<u>Name</u>) | of Corporation as current | ly filed with the Florida Dept. of State) | 80 |
|---|------------------------------|---|----------------|
| P19000023712 | | | 1. The 18 p |
| | (Document Number of | of Corporation (if known) | Till y |
| Pursuant to the provisions of section 607, its Articles of Incorporation: | 1006, Florida Statutes, this | Florida Profit Corporation adopts the fol | lowing amendme |
| A. If amending name, enter the new na | ame of the corporation: | | • |
| | ation "Corp," "Inc," or | on," "company," or "incorporated" or i "Co". A professional corporation name i "P.A." | |
| B. Enter new principal office address, (Principal office address MUST BE A S | | | |
| C. Enter new mailing address, if appli (Mailing address <u>MAY BE A POST</u>) | | 5121 N.W. 79TH AVENUE UNIT 2 DORAL, FL 33166 | |
| D. If amending the registered agent an new registered agent and/or the new | | | |
| | MANUEL ORTIZ | | |
| Name of New Registered Agent | 4401 N.W. 87TH AVENU | JE APT 224 | |
| | | rvet addressi | |
| New Registered Office Address: | DORAL | , Florida 331 | (Zip Code) |
| New Registered Agent's Signature, if c I hereby accept the appointment as regist | ered agent. I am familiar | with and accept the obligations of the posi. Charles Agent, if changing | tion. |

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 | | |
|-------------------------------|--------------|----------------|----------------------------|--|
| X Remove | <u>V</u> | Mike Jones | | |
| <u>X</u> Add | <u>sv</u> | Sally Smith | | |
| Type of Action (Check One) | <u>Title</u> | <u>Name</u> | <u>Addres</u> s | |
| 1) Change | þ | ROBERTO ZAPATA | 7825 N.W. 107TH AVENUE | |
| Add X Remove | | | DORAL, FL 33178 US | |
| 2) X Change | P | MANUEL ORTIZ | 4401 N.W. 87TH AVENUE #224 | |
| Add | | | DORAL, FL 33178 US | |
| Remove | | | | |
| 3) Change | | | | |
| Add | | | | |
| Remove | | | | |
| 4) Change | | | | |
| Add | | | | |
| Remove | | | | |
| 5) Change | | | | |
| Add | | | | |
| Remove | | | | |
| 6) Change | | | | |
| Add | | | | |
| Remove | | | | |

| | (Be specific) | |
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| | ange, reclassification, or cancellation of is | sued shares, |
| <u>f an amendment provides for an excl</u> | | itself: |
| provisions for implementing the ame | idment if not contained in the amendment | |
| f an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A) | idment if not contained in the amendment | |
| provisions for implementing the ame | idment if not contained in the amendment | |
| provisions for implementing the ame | idment if not contained in the amendment | |
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| provisions for implementing the ame | idment if not contained in the amendment | |
| provisions for implementing the ame | idment if not contained in the amendment | |

| The date of each amendment(s) adoption: | , if other than the |
|--|--|
| date this document was signed. | , it office than the |
| Effective date if applicable: | |
| tho more than 90 days | after amendment file date) |
| Note: If the date inserted in this block does not meet the applicable s document's effective date on the Department of State's records. | atutory filing requirements, this date will not be listed as the |
| Adoption of Amendment(s) (CHECK ONE) | |
| ■ The amendment(s) was/were adopted by the shareholders. The numb by the shareholders was/were sufficient for approval. | er of votes east for the amendment(s) |
| ☐ The amendment(s) was/were approved by the shareholders through vomust be separately provided for each voting group entitled to vote se | |
| "The number of votes cast for the amendment(s) was/were suffi | rient for approval |
| by(voting group) | |
| (voting group) | |
| ☐ The amendment(s) was/were adopted by the board of directors withou action was not required. | t shareholder action and shareholder |
| ☐ The amendment(s) was/were adopted by the incorporators without shaction was not required. | reholder action and shareholder |
| 04/09/2019 | |
| Dated | 7 , . |
| Signature I Convert | Toldo |
| (By a director, president or other officer - if | |
| selected, by an incorporator – if in the hand: appointed fiduciary by that fiduciary) | of a receiver, trustee, or other court |
| MANUEL ORTIZ | |
| (Typed or printed name of | f person signing) |
| VICE-PRESIDENT | |
| (Title of pare | an signing) |