P190000 44807

(Requestor's Name)
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: 305 AESTHETIC	CENTER INC					
DOCUMENT NUMBER: P19000044807							
The enclosed Articles of Amendment and fee are submitted for filing.							
Please return all corres	pondence concerning this ma	itter to the following:					
		LUZ D GOMEZ					
-		Name of Contact Person	n				
	30	05 AESTHETIC CENTER	INC				
-	Firm/ Company						
	8900 SW CORAL WAY 202						
-	Address						
	MIAMI, FL 33165						
-		City/ State and Zip Cod	e				
	E-mail address: (to be u concerning this matter, plea Z D GOMEZ	sed for future annual report se call: 305	notification)				
	f Contact Person	at (de & Daytime Telephone Number				
	the following amount made		·				
\$35 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)				
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle				

Tallahassee, FL 32301

Articles of Amendment to

Articles of Incorporation of



305 AESTHETICS CENTER INC

2670 FER -3 AM 8: 26

(Name of Corporation as curren	ntly filed with the Florida Dept. of State)
P19000044807	
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, thits Articles of Incorporation:	is Florida Profit Corporation adopts the following amendment(s) t
A. If amending name, enter the new name of the corporation:	
EASTERN MEDICAL AESTHETICS CENTER INC	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	tion," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	
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 ad	ldress in Florida, enter the name of the
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 Agent I hereby accept the appointment as registered agent. I am familia.	
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:	, ana sai	ty Smun, s	ov as an Aga.	
X Change	<u>PT</u>	John Do	<u>oe</u>	
X Remove	<u>V</u>	<u>Mike Jo</u>	nes	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
1) Change		_		
Add				
Remove				
2) Change				
Add				
Remove				
3) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change				
Add				
Remove				
0 0				
6) Change		_		
Add				
Remove				

(Attach	nding or adding additional Articles, enter change(s) here: additional sheets, if necessary). (Be specific)
Ifana	mendment provides for an exchange, reclassification, or cancellation of issued shares,
provis	sions for implementing the amendment if not contained in the amendment itself:
(1)	f not applicable, indicate N/A)
	

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
Effective date <u>if applicable</u> : (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 document's effective date on the Department of State's records.	date will not be listed as the
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment by the shareholders was/were sufficient for approval.	nt(s)
The amendment(s) was/were approved by the shareholders through voting groups. The following state must be separately provided for each voting group entitled to vote separately on the amendment(s):	ement
"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.	lder
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 4 1/27/2020	
Dated 4 1/27/2020 Signature 1/27/2020	
(By a director, president or other officer – if directors or officers have not bee selected, by an incorporator – if in the hands of a receiver, trustee, or other cappointed fiduciary by that fiduciary)	
LUZ D GOMEZ	
(Typed or printed name of person signing)	
P	

(Title of person signing)