## P19000 079 034

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	RATION:MIAMI LAKES F	REJUVENATE MED SPA.	CORP		
DOCUMENT NUME					
	of Amendment and fee are st	ibmitted for filing.			
Please return all corres	spondence concerning this ma	itter to the following:			
	MIRIAM Y YUMART				
	Name of Contact Person				
	MIAMI LAKES REJUVENATE MED SPA, CORP				
		Firm/ Company			
	6625 MIAMI LAKES DR UNIT 333				
		Address			
	MIAMI LAKES, FL 33014				
		City/ State and Zip Cod	e		
vamil	etyumart@gmail.com				
	. 3	sed for future annual report	notification)		
		, , , , , , , , , , , , , , , , , , ,			
For further information	concerning this matter, plea	se call:			
MIRIAM M YUMART		at (	580-4159		
Name (	of Contact Person	at ( Area Co	de & Daytime Telephone Number		
Enclosed is a check for	the following amount made		,		
	C	, ,			
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Mailing Address		Street	Address		
Amendment Section		Amendment Section			
	sion of Corporations	Division of Corporations			
P.O. Box 6327		Cliffon Building			
Tallahassee, FL 32314		2661 Executive Center Circle			

Tallahassee, FL 32301

## Articles of Amendment to

Articles of Incorporation of

MIAMI LAKES REJUVENATE MED SPA, CORP	FALED
(Name of Corporation	on as currently filed with the Florida Dept. of State)
P19000079034	2019 NOV -8 22 12: 31
(Досил	nent Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Floridatis Articles of Incorporation:	SECRETARY OF STATE a Statutes, this <i>Florida Profit <b>Overpolati Ar</b>បិធ</i> ិស្ត្រីនេ <b>វា៤៤៧ស្វែ</b> ពន្ធ amendment(s) t
A. If amending name, enter the new name of the co	orporation:
	The new
	d "corporation," "company," or "incorporated" or the abbreviation ," "Inc," or "Co". A professional corporation name must contain the abbreviation "P,A,"
B. Enter new principal office address, if applicable	<u> </u>
(Principal office address <u>MUST BE A STREET ADE</u>	<u>ORESS</u> )
	-
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>X</u> /
D. If amending the registered agent and/or register new registered agent and/or the new registered	red office address in Florida, enter the name of the office address:
Name of New Registered Agent	
<del></del>	tFlorida street address)
V 0 - 100 - 11	
New Registered Office Address:	, Florida (City) (Zip Code)
New Registered Agent's Signature, if changing Reg	istered Agent:
	I am familiar with and accept the obligations of the position.
Sign	ature 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 Doe	
X Remove	$\underline{V}$	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	VP	NOELIA LEAL	2400 SW 87TH AVE
Add			MIRAMAR, FL 33025
X Remove			
2) Change			
Add			
Remove			
3 ) Change	<del></del>		
Add			
Remove			<del></del>
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			·
6) Change			
Add			
Remove			

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
<del></del>	
	<del></del>
If an amendment provides for an exch	hange, reclassification, or cancellation of issued shares,
provisions for implementing the ame (if not applicable, indicate N/A)	endment if not contained in the amendment itself:
(у посирунского, такие (ул.)	
	***
	· · · · · · · · · · · · · · · · · · ·

The date of each amendment(s) adoption:	, if other than the
-	
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 document's effective date on the Department of State's records.	date 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 amendme 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):	2ment
"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.	older
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.  10/29/2019	
Dated	
Signature	<del></del>
(By the for, president or other officer – if directors or officers have not be selected, by an incorporator – if in the hands of a receiver, trustee, or other cappointed fiduciary by that fiduciary)	en ourt
(HRIAM M YUMART	
(Typed or printed name of person signing)	
SEC	
(Title of person signing)	