## P2000000 5854

| (Requestor's Name)                      |
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SACRETARY OF SIMPLE OF SOCIETY OF CORPORATION

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D CUSHING

## COVER LETTER

**TO:** Amendment Section Division of Corporations

| NAME OF CORPOR   | RATION: NEW YOU COSM                        | IETIC PLASTIC SURGER   | Y CORP   |  |  |  |
|--|---|--|--|--|--|--|
| DOCUMENT NUME  |   |  |  |  |  |  |
|  | of Amendment and fee are su                 | bmitted for tiling.  |  |  |  |  |
| Please return all corres   | spondence concerning this ma                | tter to the following:   |  |  |  |  |
|  | EmiliaDE                                    | lsa cti  |  |  |  |  |
|  | Emilia DElga do Name of Contact Person      |  |  |  |  |  |
|  | NEW YOU COSMETIC PLASTIC SURGERY CORP       |  |  |  |  |  |
|  |   | Firm/ Company  |  |  |  |  |
|  | 5733 XW                                     | 7 St.  |  |  |  |  |
|  |   | Address  |  |  |  |  |
|  | MIAME, FL 33/2                              | يغ ?   |  |  |  |  |
|  |   | City/ State and Zip Code   | :  |  |  |  |
|  | newyou.instagram@gmail.cc                   | 1131   |  |  |  |  |
|  | E-mail address: (to be us                   | sed for future annual report                                     | notification)  |  |  |  |
|  |   |  |  |  |  |  |
| For further informatio   | n concerning this matter, pleas             | se call:   |  |  |  |  |
| EMILIA DELGADO   |   | 786<br>at (  | de & Daytime Telephone Number  |  |  |  |
| Name o   | of Contact Person                           | Area Coo   | de & Daytime Telephone Number  |  |  |  |
| Enclosed is a check for  | r the following amount made                 | payable to the Florida Depc                                      | artment of State:  |  |  |  |
| ■ \$35 Filing Fee  | □\$43.75 Filing Fee & Certificate of Status | S43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | S52.50 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<br>Divisio<br>The Ce<br>2415 N                             | Address ment Section of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, F1, 32303 |  |  |  |

SECRETARY OF STATE

## Articles of Amendment to Articles of Incorporation of

NEW YOU COSMETIC PLASTIC SURGERY CORP

| (3)  | f C                               | v filed with the Florida Dept. of State)  |  |
|--|-----------------------------------|---|--|
|  | r Corporation as current          | Then with the Florida 1200. Of State  |  |
| P20000005854   |                                   | (2) ((1) ((1) (1) (1)   |  |
|  | (Document Number o                | Corporation (if known)  |  |
| Pursuant to the provisions of section 607.1 its Articles of Incorporation:   | 1006, Florida Statutes, this      | Florida Profit Corporation adopts the following amendment   |  |
| A. If amending name, enter the new na  | me of the corporation:            |   |  |
| name must be distinguishable and contain "Inc.," or Co.," or the designation "C "chartered," "professional association," | "orp," "Inc." or "Co" - :         | Thenew<br>company," or "incorporated" or the abbreviation "Corp.,"<br>!_professional corporation name must contain the word |  |
|  |                                   | 5733 NW 7th ST, Mianii, Fl. 33126   |  |
| B. Enter new principal office address, (Principal office address <u>MUST BE A S</u> )                                    | if applicable:<br>TREET ADDRESS ) |   |  |
| · · · · · · · · · · · · · · · · · · ·  | <del></del>                       |   |  |
|  |                                   |   |  |
|  |                                   |   |  |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)                                  |                                   | 5733 NW 7th ST, Miami, Fl. 33126  |  |
| · ·  |                                   |   |  |
|  |                                   |   |  |
|  |                                   |   |  |
| D. If amending the registered agent an   | idlar registered office add       | ress in Florida, enter the name of the  |  |
| new registered agent and/or the nev  |                                   |   |  |
| Name of New Registered Ayem  | EMILIA DELGADO                    |   |  |
| <u> </u>   | 5733 NW 7th ST                    |   |  |
|  | (Florida si                       | reet address)   |  |
| New Registered Office Address:   | Miami                             | , Florida 33126   |  |
| New Neglineres Syree : Miss Con-   |                                   | (City) (Zip Code)   |  |
|  |                                   |   |  |
|  |                                   |   |  |
| New Registered Agent's Signature, if c   | hanging Registered Agen           | <u>ti</u><br>with and accept the obligations of the position.   |  |
| t nerwy accept the appointment as regist   | terea agent. Tam jamuar           | wan dad decep inc ongdams of the position.  |  |
|  | (6) _                             |   |  |
|  | MIN                               |   |  |
| <del></del>  | 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.

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> <u>Joh</u>  | n Doe               |                  |
|--------------------------|-----------------------|---------------------|------------------|
| X Remove                 | <u>V</u> <u>Mik</u>   | te Jones            |                  |
| X Add                    | <u>SV</u> <u>Sall</u> | ly Smith            |                  |
| Type of Action           | <u>Title</u>          | <u>Name</u>         | <u>Addres</u> s  |
| (Check One)  1) X Change | P                     | CRISTHIAN FERNANDEZ | 5733 NW 7th ST   |
| Add                      | <u></u>               |                     | Miami, FL 33126  |
| Remove                   |                       |                     |                  |
| 2) Change                | P                     | EMILIA DELGADO      | 5733 NW 7th ST   |
| X Add                    |                       |                     | Miami, Fl. 33126 |
| Remove 3 ) Change        | VP                    | CRISHHIAN FER       | MANDEZ           |
| X Add                    |                       |                     | 5733 NW 74 St    |
| Remove                   |                       |                     | Man. Fl. 33/2    |
| 4) Change                |                       |                     |                  |
| Add                      |                       |                     |                  |
| Remove                   |                       |                     |                  |
| 5) Change                |                       |                     |                  |
| Add                      |                       |                     |                  |
| Remove                   |                       |                     |                  |
| 6) Change                |                       |                     | · -              |
| Add                      |                       |                     |                  |
| Remove                   |                       |                     |                  |

| Attach <i>e</i> | or adding additional Articles, enter change(s) here: tional sheets, if necessary). (Be specific)   |
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| fan ai          | dment provides for an exchange, reclassification, or cancellation of issued shares,                |
| <u>provis</u>   | for implementing the amendment if not contained in the amendment itself: applicable, indicate N/A) |
| (9              | spiriture, marcine (1977)  |
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|   | 2/12/2020  |                                     |
|---|--|-------------------------------------|
| The date of each amendment(s) a date this document was signed.          | doption:   | if other than the                   |
| Effective date <u>if applicable</u> :                                   |  |                                     |
|   | (no more than 90 days after amendment file date)   |                                     |
| Note: If the date inserted in this bedocument's effective date on the D | block does not meet the applicable statutory filing requirements, epartment of State's records.  | this date will not be listed as the |
| Adoption of Amendment(s)  | (CHECK ONE)  |                                     |
| The amendment(s) was/were ad action was not required.                   | opted by the incorporators, or board of directors without sharehold  | der action and shareholder          |
| ☐ The amendment(s) was/were ad<br>by the shareholders was/were s        | opted by the shareholders. The number of votes east for the amen ufficient for approval.   | dment(s)                            |
| ☐ The amendment(s) was/were ap must be separately provided for          | proved by the shareholders through voting groups. The following reach voting group entitled to vote separately on the amendment(   | statement<br>s):                    |
| "The number of votes cas  | for the amendment(s) was/were sufficient for approval  |                                     |
| bv  | ··   |                                     |
| •   | (voting group)   |                                     |
| 2/12/2020<br>Dated  |  |                                     |
| selecti   | lirector, projector other officer – if directors or officers have no ed. to a facorporator – if in the hands of a receiver, trustee, or othered fiduciary by that fiduciary) | t been<br>eer court                 |
|   | EMILIA DELGADO   |                                     |
|   | (Typed or printed name of person signing)  |                                     |
|   | PRESIDENT  |                                     |
|   | (Title of person signing)  |                                     |