## P20000010462

(Requestor's Name)
(Address)
(120,222)
(Address)
(City/State/Zip/Phone #)
(**)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(20021110111001)
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Special Instructions to Filing Officer:





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## COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: BLUE D CLASS N	AEDSPA & RESEARCH I			
	BER: P20000010462				
The enclosed Article	s of Amendment and fee are su	bmitted for filing.			
Please return all corr	espondence concerning this ma	tter to the following:			
	YOANDRA RODRIGUEZ				
	<del> </del>	Name of Contact Persor	1		
	BLUE D CLASS MEDSPA & RESEARCH INC				
	·	Firm/ Company			
	3009-3011 NW 7TH STREE	T			
		Address			
	MIAMI FL 33125				
		City/ State and Zip Code	<u> </u>		
	yoaamor15@gmail.com				
		sed for future annual report	notification)		
For further informati	on concerning this matter, pleas	se call: at (	663-0383		
Name of Contact Person		at ( Area Co	de & Daytime Telephone Number		
	for the following amount made	payable to the Florida Depa	artment of State:		
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Ai Di P.	ailing Address nendment Section vision of Corporations O. Box 6327 Ilahassee, FL 32314	Ameno Divisio The C	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810		

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

FILED

BLUE D CLASS MEDSPA & RESEARCH INC (Name of Corporation as currently filed with the Philadlegop. of State) P20000010462 (Document Number of Corporation (if kingly AHASSE Pursuant to the provisions of section 607,1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp," "Inc.," or "Co" A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS ) C. Enter new mailing address, if applicable: (Muiling address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) \_, Florida\_ New Registered Office Address: (Zip Code) (City) 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.

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)

Example:

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.

X Change	<u>PT</u>	John De	<u>) c</u>	
X Remove	$\underline{V}$	Mike Jo	ones .	
X Add	<u>sv</u>	Sally Si	n <u>ith</u>	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
1) Change	MS	_	ADRIANA DORTA	3009-3011 NW 7th STREET
Add				MIAMI FL 33125
xxx Remove				
2) Change				
Add				
Remove 3 ) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change				
Add				
Remove				
6) Change		_		
Add				
Remove				

	s, if necessary).	icles, enter change(s (Be specific)	- <del></del>		
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f an amendment prov		ndment if not conta	<u>ined in the ameno</u>	lment 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:		
	tno more than 90 days after amendment file date)	
Note: If the date inserted in this I document's effective date on the D	block does not meet the applicable statutory filing requirements, this datepartment of State's records.	e 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 shareholder actic	on and shareholder
☐ The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes cast for the amendment(sufficient for approval.	8)
	proved by the shareholders through voting groups. The following stateme each voting group entitled to vote separately on the amendment(s):	ent
"The number of votes cas	for the amendment(s) was/were sufficient for approval	
by		
,	(voting group)	
AUGUST Dated_	7. 2024	
Signature(By description	tirector, president or other officer – if prectors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other courated fiduciary by that fiduciary)	t
	YOANDRA RODRIGUEZ	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	<del></del>