

P2 000000 10462

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(City/State/Zip/Phone #)

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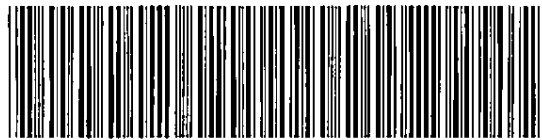
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2024 AUG 13 AM 11:02

SECRETARY OF STATE  
TALLAHASSEE, FL

AB

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: BLUE D CLASS MEDSPA & RESEARCH INC

DOCUMENT NUMBER: P20000010462

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

YOANDRA RODRIGUEZ  
Name of Contact Person  
BLUE D CLASS MEDSPA & RESEARCH INC  
Firm/ Company  
3009-3011 NW 7TH STREET  
Address  
MIAMI FL 33125  
City/ State and Zip Code  
yoamor15@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

YOANDRA RODRIGUEZ at ( 786 ) 663-0383  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

- |   |  |   |  |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy<br>is enclosed) |
|---|--|---|--|

**Mailing Address**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**  
Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

FILED

(Name of Corporation as currently filed with the ~~Florida Dept. of State~~ **Florida Dept. of State**)

(Document Number of Corporation (if known))

SECRETARY OF STATE  
TALLAHASSEE, FL

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), F.S.

6) \_\_\_\_\_ Change \_\_\_\_\_  
 \_\_\_\_\_ Add \_\_\_\_\_  
 \_\_\_\_\_ Remove \_\_\_\_\_

**E. If amending or adding additional Articles, enter change(s) here:**

(Attach additional sheets, if necessary). (Be specific)

[illegible]

**F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:**

(if not applicable, indicate N/A)

[illegible]

The date of each amendment(s) adoption: \_\_\_\_\_, if other than the date this document was signed.

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 date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) **(CHECK ONE)**

- ☒ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.
- ☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
- ☐ The amendment(s) was/were approved by the shareholders through voting groups. *The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):*

"The number of votes cast for the amendment(s) was/were sufficient for approval

by \_\_\_\_\_  
*(voting group)*

AUGUST 7, 2024  
Dated \_\_\_\_\_

Signature Yoandra Rodriguez  
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

YOANDRA RODRIGUEZ

\_\_\_\_\_  
(Typed or printed name of person signing)

PRESIDENT

\_\_\_\_\_  
(Title of person signing)