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(((H20000275409 3)))



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Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : ACCTSMART INC D.B.A. AVILAS ACCOUNTING SERVICES

Account Number : I20180000072 Phone : (305)820-3200

Fax Number : (305)820-2998

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

COR AMND/RESTATE/CORRECT OR O/D RESIGN BEAUTY FIRST MED-SPA CO

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Corporate Filing Menu



August 13, 2020

FLORIDA DEPARTMENT OF STATE Division of Corporations

BEAUTY FIRST MED-SPA CO 10875 SW 229TH ST MIAMI, FL 33170US

SUBJECT: BEAUTY FIRST MED-SPA CO

REF: P20000017352

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Yasemin Y Sulker FAX Aud. #: H20000275409 Regulatory Specialist III Letter Number: 420A00015334

Articles of Amendment to Articles of Incorporation of

BEAUTY FIRST MED-SPA CO	
(Name of Corporation as current	ly filed with the Florida Dept. of State)
P20000017352	
(Document Number of	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation," " "Inc.," or Co.," or the designation "Corp," "Inc," or "Co" "chartered," "professional association," or the abbreviation "P.A.	A professional corporation name must contain the word
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	
C. Patronio and the address if any tracking	020
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	= 7
	<u> </u>
D. If amending the registered agent and/or registered office add	ress in Florida enter the name of the
new registered agent and/or the new registered office address	s: vi
Name of New Registered Agent	- ω
	· · · · · · · · · · · · · · · · · · ·
(Florida st	reet address)
	····
New Registered Office Address:	, Florida
	(2.1)
New Registered Agent's Signature, if changing Registered Agen	<u>t:</u>
I hereby accept the appointment as registered agent. I am familiar	with and accept the obligations of the position.
Signature of New F	Registered Agent, if changing
	6 77 6.16
Check if applicable The amendment(s) is/are being filed pursuant to s. 607.0120 (11)	(a) FS
and a second control of the second three pursuant to 3, 007.0120 (11)	(4), 1.0.

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	\underline{PT}	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	VP	LAZARO CRUZ	10875 SW 229TH ST
X Add			MIAMI, FL 33170
Remove			-
2) Change		_	
Add			
Remove 3) Change			
Add			
Remove			
4) Change	-		
Add			
Remove			
5) Change			
Add			
Remove			
6)Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)
ADD EIN: 84-4991082
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· · · ·
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)

The date of each amendment(s) adoption:	her than th
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 I document's effective date on the Department of State's records.	isted as th
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.	lder
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"	
(voring group)	
08/11/2020	
Dated	
Signature	
(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)	
\''\	
YUNEIVYS GONZALEZ GONZALEZ	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	_