P20000069771

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2022 FEB - 7 AM IO: 38 SECRLULRY OF STATE TALLAHASSEE, FI

of 2/ 16/2022

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	ORATION: PRINCIPESSA CO	OSMETIC SURGERY			
DOCUMENT NUM	P20000069771				
The enclosed Article	es of Amendment and fee are su	bmitted for filing.			
Please return all cor	respondence concerning this ma	atter to the following:			
	PRINCIPESSA COSMETIC SURGERY				
	Name of Contact Person				
	LILYAN GIL				
	·	Firm/ Company			
	14201 SW 120TH ST SUITE 107				
	Address				
	MIAMI FL 33186				
		City/ State and Zip Code			
	PRINCIPESSACOSMETIC(@GMAIL.COM			
	E-mail address: (to be us	sed for future annual report	notification)		
	ion concerning this matter, plea				
LILYAN GIL		at (<u></u>) 402-8415 de & Daytime Telephone Number		
Nam	e of Contact Person	Area Coo	de & Daytime Telephone Number		
Enclosed is a check	for the following amount made	payable to the Florida Depa	artment of State:		
S35 Filing Fee	S43.75 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)		
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Fl. 32314		Amend Divisio The Co	Address ment Section n of Corporations entre of Tallahassee J. Monroe Street, Suite 810		

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

FILED

PRINCIPESSA COSMETIC SURGERY CORP (Name of Corporation as currently filed with the Florida Dept. of State) P20000069771 (Document Number of Corporation (if known) 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: N/A 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." N/A B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: N/A (Mailing 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: LILYAN GIL Name of New Registered Agent (Florida street address) 14201 SW 120TH ST S-107 MIAMI New Registered Office Address: 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.

Check if applicable

 \square 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 Doc 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	$\underline{\mathbf{v}}$	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	P.VP	LILYAN GIL	7550 SW 159TH PL
X Add			MIAMI FL 33193
Remove			
2) Change			
Add			
X Remove 3) Change	P,VP	LIANET VIART	
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)			
N/A			
			
	 		
<u></u>			
	<u> </u>		
F. If an amendment provides for an exch	hange, reclassification, or cancellation of issued shares,		
provisions for implementing the ame	endment if not contained in the amendment itself:		
(if not applicable, indicate N/A)			
N/A			
,_, _			

•

•	N/A	
The date of each amendment(s)	adoption:	, if other than the
date this document was signed.		
N.	A	
Effective date <u>if applicable</u> :	(no more than 90 days afte	er amendment file date)
Note: If the date inserted in this document's effective date on the l		tory filing requirements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were a action was not required.	dopted by the incorporators, or board of di	irectors without shareholder action and shareholder
☐ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of sufficient for approval.	of votes cast for the amendment(s)
	oproved by the shareholders through voting reach voting group entitled to vote separ	
"The number of votes ca	st for the amendment(s) was/were sufficient	nt for approval
by N/A		
o,	(voting group)	 ,
	RY 1, 2022	
Dated		
Signature	helps II	<i></i>
selec	director, president or other officer – if direct, by an incorporator – if in the hands of onted fiduciary by that fiduciary)	
	LILYAN GIL	
	(Typed or printed name of pe	erson signing)
	P,VP	
	(Title of person signing)	