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COVER LETTER

TO: Amendment Section

Division of Corporations NAME OF CORPORATION: Luxe Med Spa Aesthetics Inc DOCUMENT NUMBER: P20000098366 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Manuel Carmona Name of Contact Person Luxe Med Spa Aesthetics Inc Firm/ Company 2685 Bongart Rd Address Winter Park, FL 32792 City/ State and Zip Code directorofluxemedspa@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (407 310-9368 Area Code & Daytime Telephone Number Manuel Carmona Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: □\$43.75 Filing Fee & □\$43.75 Filing Fee & ■\$52.50 Filing Fee S35 Filing Fee Certified Copy Certificate of Status Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Street Address **Mailing Address** Amendment Section Amendment Section Division of Corporations Division of Corporations The Centre of Tallahassee P.O. Box 6327

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

Articles of Amendment to Articles of Incorporation of

FILED

LUXE MED SPA AESTHETICS INC

EUAL MID STA ABSTRETE, STOC	
(Name of Corporation as currently filed with the third Dentifors 20	
P20000098366	
SECRETARY OF STATE (Document Number of Corporation 積積的效例ASSFF, F)	
(STANDORD STORMS WATERAIMOSEL, FL	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amits Articles of Incorporation:	endment(s) to
A. If amending name, enter the new name of the corporation:	1
The	new
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "C" "Inc.," or Co.," or the designation "Corp," "Inc.," or "Co". A professional corporation name must contain the "chartered," "professional association," or the abbreviation "P.A."	orp.,"
B. Enter new principal office address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
	<u> </u>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
(maning dualess MAT BL AT 051 OTTICL BOX)	!
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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)	
New Registered Office Address: , Florida (City) , Florida (Zip Code)	1
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	
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: XChange	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>	<u>Name</u>	<u>Addres</u> s	
!) Change	VP	Manuel A Carmona	2685 Bongart Rd	
X Add			Winter Park, FL 32792	
Remove				
2) Change		_		
Add				
Remove Change				
Add				
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4) Change	-	_	_	
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		_		
Add				
Remove				

amending or adding additional Articles, anter changely horse	
amending or adding additional Articles, enter change(s) here: ttach additional sheets, if necessary). (Be specific)	
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an amendment provides for an exchange, reclassification, or cancellation of issued shares,	
orovisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)	
() ()	
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	I

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)
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)
Jamie I. Carmona
(Typed or printed name of person signing)
President
(Title of person signing)