

# P21000099219

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

((H21000435293 3)))



H210004352933BC3

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To: Division of Corporations  
Fax Number : (850)617-6380

From: Account Name : KIJONNA SERVICES INC  
Account Number : I2008000033  
Phone : (305)644-3055  
Fax Number : (305)644-3052

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2021 NOV 29 AM 9:33

FILED

**\*\*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 MYSTIC SUGICAL CENTER, INC

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 0       |
| Page Count            | 01      |
| Estimated Charge      | \$35.00 |

NOV 30 2021

S. PRATHER

2021 NOV 29 PM 4:53

TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: MYSTIC SUGICAL CENTER, INC

DOCUMENT NUMBER: P21000099219

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

Please return all correspondence concerning this matter to the following:

ENNA DIEPPA

Name of Contact Person

KISJOENNA SERVICES INC

Firm/ Company

2141 SW 1 ST

Address

MIAMI FL 33135

City/ State and Zip Code

KRIJOENNA@YAHOO.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ENNA DIEPPA 7864997132

Name of Contact Person

at (

7864997132  
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

Nov. 29. 2021 3:16PM

No. 0863 P. 5

Articles of Amendment  
to  
Articles of Incorporation  
of

FILED  
2021 NOV 29 AM 9:33  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MYSTIC SUGICAL CENTER, INC

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

P21000099219

(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:

MYSTIC COSMETIC CENTER INC

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:

(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:

Name of New Registered Agent

(Florida street address)

New Registered Office Address:

(City)

Florida

(Zip Code)

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

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 us Remove, and Sally Smith, SV as an Add.

Example:

☒ Change      PT      John Doe

☐ Remove      V      Mike Jones

☒ Add      SV      Sally Smith

| Type of Action<br>(Check One)      | Title | Name  | Address |
|------------------------------------|-------|-------|---------|
| 1) <input type="checkbox"/> Change | _____ | _____ | _____   |
| <input type="checkbox"/> Add       | _____ | _____ | _____   |
| <input type="checkbox"/> Remove    | _____ | _____ | _____   |
| 2) <input type="checkbox"/> Change | _____ | _____ | _____   |
| <input type="checkbox"/> Add       | _____ | _____ | _____   |
| <input type="checkbox"/> Remove    | _____ | _____ | _____   |
| 3) <input type="checkbox"/> Change | _____ | _____ | _____   |
| <input type="checkbox"/> Add       | _____ | _____ | _____   |
| <input type="checkbox"/> Remove    | _____ | _____ | _____   |
| 4) <input type="checkbox"/> Change | _____ | _____ | _____   |
| <input type="checkbox"/> Add       | _____ | _____ | _____   |
| <input type="checkbox"/> Remove    | _____ | _____ | _____   |
| 5) <input type="checkbox"/> Change | _____ | _____ | _____   |
| <input type="checkbox"/> Add       | _____ | _____ | _____   |
| <input type="checkbox"/> Remove    | _____ | _____ | _____   |
| 6) <input type="checkbox"/> Change | _____ | _____ | _____   |
| <input type="checkbox"/> Add       | _____ | _____ | _____   |
| <input type="checkbox"/> Remove    | _____ | _____ | _____   |

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

(if not applicable, indicate N/A)

Nov: 29. 2021 3:17PM

No. 0360 P. 0

11/29/2021

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

11/29/2021

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)

Dated 11/29/2021 \_\_\_\_\_

Signature Maria Gonzalez  
(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)

MARIA GONZALEZ

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

PRESIDENT

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2021 NOV 29 AM 9:33

FILED