Pa3000039486

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	_
(Document Number)	
Certified Copies Certificates of Status	_
Special Instructions to Filing Officer:	
Office Use Only	



800408989858

NIC & Amend

96/02/23--01004--017 ******43.75

A. RAMSEY
JUN -5 2023



CORPORATE

When you need ACCESS to the world

ACCESS, ____

INC.

236 East 6th Avenue, Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

X	CERTIFIED COPY		
	РНОТОСОРУ		
	CUS		
X	FILING	INC AMEND	
-	PILLING BEAUTEA		
(C	ORPORATE NAME AND DOCU	MENT #)	
	ACCUPANT AND DOCU	ACCAVIC HO	
(C	CORPORATE NAME AND DOCU	MENT#)	
-(0	CORPORATE NAME AND DOCU	MENT #)	
, ,			
(C	CORPORATE NAME AND DOCU	MENT #)	
	CORPORATE NAME AND DOCU	MENIT #)	
(C	ORFORATE NAME AND DOCO	INICANT #)	
-(C	CORPORATE NAME AND DOCU	MENT #)	
IAL RUCT	ΓΙΟΝS:		
		-	

Articles of Amendment to Articles of Incorporation

FILED

of SPILLING BEAUTEA INC (Name of Corporation as currently filed with the Florida Dept. of State) P23000039486 (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; Angela DeNardo Aesthetics, P.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." 31 Brach Drive SE B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) St. Petersburg, FL 33701 C. Enter new mailing address, if applicable: 555 De. MLK JE ST. S. # 229 (Mailing address MAY BE A POST OFFICE BOX) St. Petusburg, FL 33705 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: Registered Agents Inc Name of New Registered Agent 7901 4th St N STE 300 (Florida street address) _, Florida 33702 (Zip Code) St. Petersburg New Registered Office Address: (City) 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

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: 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>	Address
1) X Change	PSTD	Angela DeNardo	555 Dr MLK Jr St. N. 229
Add			St. Petersburg, FL 33705
Remove			
2) Change			
Add			
Remove Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

1E	corporation is organ	iized is amended to: I	Physician Assistant.	aesthetic dermatology	services
					 .
					
				**	
	_				
	<u> </u>			<u> </u>	
<u> </u>	.				
				**	
			<u> </u>	<u>-</u> .	
	vides for an exchan	<u>ze, reclassification, c</u>	or cancellation of i	ssued shares,	
If an amendment pro		nent if not containe	d in the <u>amendmer</u>	it itself:	
provisions for imple	menting the amends				
If an amendment pro provisions for imple (if not applicable	menting the amendi , indicate N/A)				
If an amendment pro provisions for imple (if not applicable	menting the amendi , indicate N/A)				
provisions for imple (if not applicable	menting the amendi , indicate N/A)				
provisions for imple (if not applicable	menting the amendi . indicate N/A)				
provisions for imple (if not applicable	menting the amendi				
provisions for imple (if not applicable	menting the amendi				
provisions for imple (if not applicable	menting the amendi				
provisions for imple (if not applicable	menting the amendi				
provisions for imple	menting the amendi				
provisions for imple (if not applicable	menting the amendi				
provisions for imple (if not applicable	menting the amendi				

The date of each amendu late this document was sig	nt(s) adoption:, if other than
Effective date <u>if applicab</u>	
	(no more than 90 days after amendment file date)
Note: If the date inserted document's effective date	n this block does not meet the applicable statutory filing requirements, this date will not be listed and the Department of State's records.
Adoption of Amendmen	
The amendment(s) was action was not required	were adopted by the incorporators, or board of directors without shareholder action and shareholder
☐ The amendment(s) wa by the shareholders w	were adopted by the shareholders. The number of votes cast for the amendment(s) //were sufficient for approval.
☐ The amendment(s) wa must be separately pr	were approved by the shareholders through voting groups. The following statement vided for each voting group entitled to vote separately on the amendment(s):
"The number of	otes cast for the amendment(s) was/were sufficient for approval
by	
•	(voting group)
Dated_	5/31/2023 ———————————————————————————————————
Signat	· Cipholin
-	(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)
	Angela DeNardo
	(Typed or printed name of person signing)
	President
	(Title of person signing)