P2300050914

| (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



000421244530

01/11/24--01012--007 **35.00

M

COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPO | PRATION: FusionMD Cosmet | ic Surgery Inc. | |
|------------------------------------------------------------------------------------------------|---------------------------------------------|----------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|
| DOCUMENT NUM | IBER: P23000050914 | | |
| | s of Amendment and fee are su | bmitted for filing. | |
| Please return all corr | espondence concerning this ma | tter to the following: | |
| | Ashley Fickenscher | | |
| | | Name of Contact Persor | <u> </u> |
| | Keating Muething & Klekam | p PLL | |
| | | Firm/ Company | |
| | 1 E Fourth Street, Ste. 1400 | | |
| | | Address | |
| | Cincinnati, OH 45202 | | |
| | | City/ State and Zip Code | 2 |
| | afickenscher@kmklaw.com | | |
| | - | sed for future annual report | notification) |
| For further informati | on concerning this matter, pleas | | 579-6539 |
| Name of Contact Person | | Area Co |) 579-6539 de & Daytime Telephone Number |
| Enclosed is a check f | or the following amount made | | |
| ■ \$35 Filing Fee | ☐\$43.75 Filing Fee & Certificate of Status | S43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | ☐\$52.50 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 | | Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 | |

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

| (Name o | of Corporation as curren | tly filed with the Florida Dept. of State) | |
|-----------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------------------------------------------------------------------------------------------|--|
| P23000050914 | or corporation as carren | · | |
| | (Document Number | of Corporation (if known) | |
| Pursuant to the provisions of section 607. ts Articles of Incorporation: | 1006, Florida Statutes, this | s Florida Profit Corporation adopts the following amendment(s) | |
| A. If amending name, enter the new non- | ame of the corporation: | The new | |
| | Corp," "Inc," or "Co". | "company," or "incorporated" or the abbreviation "Corp.," A professional corporation name must contain the word | |
| B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) | | 550 Biltmore Way | |
| | | Suite 105 | |
| | | Coral Gables, Florida 33134 | |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | | 550 Biltmore Way | |
| | | Suite 105 | |
| | | Coral Gables, Florida 33134 | |
| D. If amending the registered agent an new registered agent and/or the new | | dress in Florida, enter the name of the | |
| Name of New Registered Agent | N/A | <u>-</u> . | |
| <u>rume og 1404 1ttgantereta 11gem</u> | 550 Biltmore Way, Suite | 105 | |
| | (Florida s | treet address) | |
| New Registered Office Address: | Coral Gables | , Florida | |
| | | (City) (Zip Code) | |

☐ 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 | P | Joshua Scurlock | 550 Biltmore Way |
| Add | | | Suite 105 |
| Remove | | | Coral Gables, Florida 33134 |
| 2) Change | | _ | |
| Add | | | |
| Remove 3) Change | | | |
| Add | | | |
| Remove | | | |
| 4) Change | | | |
| Add | | | |
| Remove | | | |
| 5) Change | | | |
| Add | | | |
| Remove | | | |
| 6) Change | | | |
| Add | | | |
| Remove | | | |

| (Attach additional sheets, if necessary). (Be specific) | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | . |
| | |
| | - |
| f an amendment provides for an exchange reclassification, or cancellation of issued shares. | |
| f 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:, 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 east 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) |
| (voling group) |
| Dated 12 19/2023 Signature In R Turbin |
| (Hy 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 |
| ppointed fiduciary by that fiduciary) |
| Joshua Scurlock |
| (Typed or printed name of person signing) |
| President |
| (Title of person signing) |

••••