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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

COVER LETTER

TO: Amendment Section **Division of Corporations**

NAME OF CORPORATION: ADINA	COSMETICS, in	YC.
DOCUMENT NUMBER: P 060000	36120	
The enclosed Articles of Amendment and fee are su	bmitted for filing.	
Please return all correspondence concerning this ma	tter to the following:	
ARGENTINA (Name o	ADINA AMBRE	<u>osimo</u> v
(Fin	m/ Company)	 _
523 SOUTHRIN	GE RN (Address)	
DELRAY BEACH (City/St. ADINA_AMBRO (E-mail address: (to be us	ate and Zip Code) 33444- 3444- 35444- 3646- 374-100. COM 3646- 374-100. COM 3646- 374-100. COM 374-100.	- 2229
For further information concerning this matter, please ARGENTINA A AMBROSMOV (Name of Contact Person)	_	9563 ne Telephone Number)
Enclosed is a check for the following amount made	payable to the Florida Department	of State:
\$35 Filing Fee \$43.75 Filing Fee & Certificate of Status	☐ \$43.75 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 Corporation Clifton Building 2661 Executive Cente	ons

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of FILED

2009 AUG 20 PM 1: 37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ADINA COSMETICS	S, INC		
(Name of Corporation as cu	irrently filed with t	he Florida Dept. of Stat	<u>e)</u>
P060000 3612	20		
(Document N	lumber of Corporati	on (if known)	
rsuant to the provisions of section 617.100 following amendment(s) to its Articles o		this <i>Florida Not For Pro</i>	ofit Corporation adopts
If amending name, enter the new name	e of the corporation	<u>n:</u>	
e new name must be distinguishable and breviation "Corp." or "Inc." "Company	d contain the word "or "Co." may not	"corporation" or "inco. be used in the name.	rporated" or the
Enter new principal office address, if a rincipal office address MUST BE A STR			
			·
Enter new mailing address, if applica (Mailing address MAY BE A POST OF			
If amending the registered agent and/onew registered agent and/or the new r			er the name of the
Name of New Registered Agent:	ARGENT	ina Adina a	MBROSIMOY
	523 SO	UTHRIAGERL	Δ.
New Registered Office Address:		ida street address)	=•
	DELRAY	BEACH (City)	_, Florida_ 33444-22 2 (Zip Code)
ew Registered Agent's Signature, if cha hereby accept the appointment as regist osition.		Agent: familiar with and accep	ot the obligations of the
	Signature New	Registered Agent, if cha	nging

Page 1 of 3

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)

<u>Title</u>	<u>Name</u>		<u>Address</u>	<u>T</u>	vpe of Action
P	ARGENTINA A.A	MBROSIMOV	523 SOUT DELRAY DE 13344	HRIDGERNE ACH FL [Add Remove
٧p	MARIUS AMBRO	VCMiDa	*		
		<u> </u>	523 SOUTH DELRAY BE	ACH FL [Remove
<u>P</u>	ARGENTINA A. AI	PTEMIADIS	523 SOUT	HRIDGERAL HCH FL D	☐ Add ☑ Remove
		,	3344	1-2229	
	ding or adding additional Art				
(a <i>ttach a</i>	dditional sheets, if necessary).	(Be specific,)		
					·
		,			<u></u> :

				•	
				····	

The date of each amendment(s) adoption: 8/12/2009
Effective date <u>if applicable</u> :	8/12/2009 (date of adoption is required)
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were was/were sufficient for appro	adopted by the members and the number of votes cast for the amendment(s) val.
There are no members or me adopted by the board of direct	embers entitled to vote on the amendment(s). The amendment(s) was/were etors.
Dated8/	12/2009
	Sur >
have	the chairman or vice chairman of the board, president or other officer-if directors not been selected, by an incorporator – if in the hands of a receiver, trustee, or court appointed fiduciary by that fiduciary)
	ARGENTINA ADINA AMBROSIMOY
	(Typed or printed name of person signing)
	PRESEDENT
	(Title of person signing)

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