P13000002679

(Re	equestor's Name)			
(Ad	ldress)			
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SECRETARY OF STATE
DIVISION OF CONFERNATIONS

2016 AUG 22 PM 1: 23

SEP 7 2016 C LEWIS

COVER LETTER

TO: Amendment Section

Division of Corporations				
NAME OF CORPORATION: Mint Beauty, Inc DOCUMENT NUMBER: P13000002679				
DOCUMENT NUMBER: 1 1 300000 & 0 7				
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Leandro Augier Name of Contact Person Hint Beauty, Inc Firm/Company 201 E. Palmetto Park Rd				
Boca Raton, FL 33432 City/ State and Zip Code Laugier & Yahoo. Com E-mail address: (Webe used for future armual report notification)				
For further information concerning this matter, please call:				
Elibet Augier at (954) 661-0071 Name of Contact Person at (954) Area Code & Daytime Telephone Number				
Enclosed is a check for the following amount made payable to the Florida Department of State:				
\$35 Filing Fee \$\begin{array}{c} \$43.75 Filing Fee & Certificate of Status & Certificate of Status & Certified Copy & Certifi				
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301				

FILES SECRETARY OF STATE DIVISION OF CORFORATION:

Articles of Amendment to Articles of Incorporation

2016 AUG 22 PM 1: 24

MINT BEAUT	Y, INC
(Name of Corporation as curre	ently filed with the Florida Dept. of State)
P 1300000 26 7	19
(Document Number	er of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this Articles of Incorporation:	this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	<u>i</u>
	The new
name must be distinguishable and contain the word "corpora" "Corp.," "Inc.," or $Co.$," or the designation "Corp." "Inc.," or word "chartered," "professional association," or the abbreviation	or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	261 E. Palmetto Park Rd Boca Raton, FL 33432
	Boca Raton, FL 55432
C. Enter new mailing address, if applicable:	
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	
	/
D. If amending the registered agent and/or registered office a	
new registered agent and/or the new registered office add	ress:
Name of New Registered Agent	
/ (Florida	a street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Ag I hereby accept the appointment as registered agent. I am famili	
i nerevy accept the appointment as registerea agent. 1 am famili	uar with and accept the obligations of the position.
Signature of Ne	w Registered Agent, if changing

Executive Officer; CFO = held. President, Treasurer Changes should be noted a change, Mike Jones lea Mike Jones, V as Remove,	rector titl President = Chief I r, Directo in the fo ves the c	le by the first to the first to the first to the first t	rer; S= Secretar ficer. If an offic PTD. her. Currently J Tally Smith is na	y;	Frustee; C = Chairman or Clerk; CEO = Chief than one title, list the first letter of each office PST and Mike Jones is listed as the V. There is should be noted as John Doe, PT as a Change,	
Example: X Change	<u>PT</u>	John Doe				
X Remove	<u>v</u>	Mike Jones				
X Add	<u>sv</u>	Sally Smith				
Type of Action (Check One)	<u>Title</u>		ame	_	Address	
1) Change	D	_ &	libet	Augier	2018. Palmetto Br Boa Raton, FL 3343.	رد <i>إ</i>
Remove						
2) Change		- -			 	
Add						
Remove						
3) Change						
Add						
Remove						
4) Change						
Add						
Remove						
5) Change						
Add						
Remove						
6) Change						
Add						
Remove						

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)

If amending or adding additional Arti Attach, additional sheets, if necessary).	(Be specific)
	····
f an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:
	·

•	,	ſ	FILE	
The date of each amendment(s) adoption:date this document was signed.	8 17	12016	SECRETARY DIVISION OF CA 2016 AUG 22	if other than the
Effective date if applicable:				
	(no more than 90) days after amendment fi	ile date)	
Note: If the date inserted in this block does document's effective date on the Department of		able statutory filing requ	irements, this date will no	t be listed as the
Adoption of Amendment(s) (CI	HECK ONE)			
The amendment(s) was/were adopted by the by the shareholders was/were sufficient for	e shareholders. The approval.	number of votes cast for	the amendment(s)	
☐ The amendment(s) was/were approved by the must be separately provided for each voting				
"The number of votes cast for the ame	endment(s) was/were	e sufficient for approval		
by				
(ve	oting group)			
☐ The amendment(s) was/were adopted by the action was not required.	e board of directors	without shareholder actio	n and shareholder	
☐ The amendment(s) was/were adopted by the action was not required.	e incorporators witho	out shareholder action and	d shareholder	
Dated 8 17	2016	_ (0)		
Signatura	Am			
Signature(By a director, pre	esident of other offic	er fi directors or officer	rs have not been	
selected, by an ine	corporator — if in the	hands of a receiver, trust	tee, or other court	
appointed fiducial	ry by that fiduciary)	α		
9	Leand	vo Lugie name of person signing)	21	
	(Typed or printed r	name of person signing)	$\overline{\circ}$	
	Directo	r /offi	·Or	
	(Title o	of person signing)		· · · · · · · · · · · · · · · · · · ·