P1700058197

(Req	uestor's Name)	
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PICK-UP	WAIT	MAIL
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Certified Copies	Certificates of	of Status
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NAME OF STATE

AUG 1 0 2018 S. YOUNG

COVER LETTER

TO: Amendment Section

Division of Corporations

NAME OF CORPORATION: Flash 5 Beauty Bay, Inc. DOCUMENT NUMBER: P170006 58197			
The enclosed Articles of Amendment and fee are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
Maria A Fernandez Name of Contact Person			
Flash 5 Beauty Bar Inc.			
6900 W 32nd Ave Bay6			
Hialeah, FL 33018			
City/ State and Zip Code			
Flash 5 Beauty Bar O amail. com E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
Maria A Fernandez at (305) 8)7-7864 Name of Contact Person Area Code & Daytime Telephone Number			
Enclosed is a check for the following amount made payable to the Florida Department of State:			
\$35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) \$35 Filing Fee Certified Copy (Additional Copy is enclosed) \$35 Filing Fee Certified Copy (Additional Copy is enclosed)			
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle			

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Tallahassee, FL 32301

Articles of Amendment to

Articles of Incorporation of

Flash 5 Beauty Bar, Inc	
	tly filed with the Florida Dept. of State)
P17000058197	
(Document Number of	of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, this its Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
MIN	Thenew
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	N I A
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.	
new registered agent and/or the new registered office addres	
Name of New Registered Agent	NIA
(Florida si	treet address)
New Registered Office Address:	, Florida (Zip Code)
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familiar	
\sim	114
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 as Remove, and Sally Smith, SV as an Add.

Example:			
X_Change	PT	John Doc	
X Remove	<u>V</u>	Mike Jones	
<u>X</u> Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) X Change	_8_	Maria A Fernandez	6900 W 32nd Ave
			Bay 6
Remove			Hialeah, FL 33018
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach addition	adding additional A al sheets, if necessary). (Be specific)	<u>ge(s) nere</u> :		
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		<u> </u>	<u> </u>		
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f an amendme	nt provides for an ex	change, reclassific	ation, or cancella	tion of issued shar	es,
(if not app	implementing the ar icable, indicate N/A)	nenament if not co	<u>ntained in the am</u>	<u>enament itseir:</u>	
<u> </u>	NIA				
	<u> </u>				
	-				
				·	
					
					-

The date of each amendment(s) adoption:	08/06/2018	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
	(no more than 50 days after amenanchi fue date)	
Note: If the date inserted in this block does not document's effective date on the Department of S	t meet the applicable statutory filing requirements, tate's records.	this date will not be listed as the
Adoption of Amendment(s) (CHE	CK ONE)	
☐ The amendment(s) was/were adopted by the sh by the shareholders was/were sufficient for ap	narcholders. The number of votes cast for the amend proval.	lment(s)
☐ The amendment(s) was/were approved by the smust be separately provided for each voting g	shareholders through voting groups. The following group entitled to vote separately on the amendments.	statement s):
	lment(s) was/were sufficient for approval	
by	<u> </u>	
(votir	ng group)	
☐ The amendment(s) was/were adopted by the beaction was not required.	oard of directors without shareholder action and sha	reholder
The amendment(s) was/were adopted by the in action was not required.	ncorporators without shareholder action and shareho	lder
Dated 08/06	12018	
Signature (By a director, president selected, by an incording appointed fiduciary)	lent or other officer $ heta$ if directors or officers have no porator – if in the hands of a receiver, trustee, or other	ot been ner court
	ia A Fernandez Typed or printed name of person signing)	
	President (Title of person signing)	