# P18000068127

| (Rec                      | questor's Name)   | <u> </u>    |
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| PICK-UP                   | ☐ WAIT            | MAIL        |
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| Special Instructions to f | Filing Officer:   |             |
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## **COVER LETTER**

| , ,                                |  |  |  |
|------------------------------------|--|--|--|
|                                    |  | COVER LETTER   | · • • • • • • • • • • • • • • • • • • •  |
| TO: Amendment Se<br>Division of Co |  |  |  |
| NAME OF CORP                       | ORATION: PINK DIAMOND                          | BEAUTY CORP  |  |
|                                    | MBER: P18000068127                             |  |  |
|                                    | es of Amendment and fee are so                 |  |  |
|                                    | •  | _  |  |
| Please return all cor              | respondence concerning this ma                 | tter to the following:   |  |
|                                    | OLGA Y SANCHEZ                                 |  | <u> </u>   |
|                                    | PINK DIAMOND BEAUTY                            | Name of Contact Person   |  |
|                                    |  | Firm/ Company  |  |
| ·                                  | 8150 SW 8 ST SUITE 214                         | • •  |  |
| •                                  |  | Address  |  |
|                                    | MIAMI, FL 33144                                | 22 / 22 - 1 / 2  |  |
|                                    |  | City/ State and Zip Code   | :  |
| yaı<br>—                           | cuba@yahoo.com.ar<br>E-mail address; (to be us | sed for future annual report                                       | notification)  |
|                                    |  |  |  |
| For further informat               | ion concerning this matter, pleas              | se call:   |  |
| DARIO H RAMIRI                     | EZ   | 786  | 230 0472   |
| Nam                                | ie of Contact Person                           |  | le & Daytime Telephone Number  |
| Enclosed is a check                | for the following amount made                  | payable to the Florida Depa  | rtment 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) |
|                                    | Lailing Address<br>mendment Section            |  | Address<br>ment Section  |
| Ð                                  | ivision of Corporations<br>O. Box 6327         |  | n of Corporations<br>Building  |
|                                    | allahassee, FL 32314                           | 2661 E   | xecutive Center Circle<br>ssee, FL 32301   |

# Articles of Amendment Articles of Incorporation of



#### PINK DIAMOND BEAUTY CORP

## (Name of Corporation as currently filed with the Florida Dept. of State)

m(s) to

| P18000068127   |                               |                                       |                                 |
|--|-------------------------------|---------------------------------------|---------------------------------|
|  | (Document Number o            | f Corporation (if known)              | •                               |
| Pursuant to the provisions of section 607 its Articles of Incorporation:   | .1006, Florida Statutes, this | Florida Profit Corporatio             | on adopts the following amendme |
| A. If amei.ding name, enter the new na   | ame of the corporation:       |                                       |                                 |
|  |                               |                                       | The                             |
| name must be distinguishable and con<br>"Corp.," "Inc.," or Co.," or the design<br>word "chartered," "professional associa | nation "Corp." "Inc." or      | Co". A professional cor               |                                 |
| B. Enter new principal office address,<br>(Principal office address MUST BE A S  |                               |                                       |                                 |
|  |                               |                                       |                                 |
| C. Enter new mailing address, if appl<br>(Mailing address MAY BE A POST  |                               | 8150 SW 8 ST SUIT                     | 「E 214                          |
|  |                               | MIAMI , FL 33144                      |                                 |
|  |                               |                                       |                                 |
| D. If amending the registered agent as   |                               |                                       | name of the                     |
| new registered agent and/or the ne   |                               | <u>41</u>                             |                                 |
| Name of New Registered Agent   | OLGA Y SANCHEZ                |                                       |                                 |
| •  | 25 NW 108 PL                  |                                       |                                 |
|  | (Florida st                   | reet address)                         |                                 |
| New Registered Office Address  | MIAMI                         |                                       | Florida                         |
|  |                               | (City)                                | (Zip Code)                      |
|  |                               |                                       |                                 |
|  |                               |                                       |                                 |
| New Registered Agent's Signature, if c<br>I hereby accept the appointment as regis   |                               |                                       | utions of the position.         |
|  |                               |                                       |                                 |
|  | Olgo M                        | loucke<br>Registered Agent, if change |                                 |
| <del>-</del>   | Signature of New 1            | Registered Agent, if chang            | ing                             |

1

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                      | <u>V</u>  | Mike Jones  |                 |
| <u>X</u> Add                  | <u>sv</u> | Sally Smith |                 |
| Type of Action<br>(Check One) | Title     | <u>Name</u> | <u>Addres</u> s |
| 1) Change                     |           |             |                 |
| Add                           |           |             |                 |
| Remove                        |           |             |                 |
| 2) Change                     |           |             |                 |
| Add                           |           |             |                 |
| Remove                        |           |             |                 |
| 3 ) Change                    |           | <u> </u>    |                 |
| Add                           |           |             |                 |
| Remove                        |           |             |                 |
| 4) Change                     |           |             |                 |
| Add                           |           |             |                 |
| Remove                        |           |             |                 |
| 5) Change                     |           |             |                 |
| À Jd                          |           |             |                 |
| Remove                        |           |             |                 |
|                               |           |             |                 |
| 6) Change                     |           |             |                 |
| Add                           |           |             |                 |
| Remove                        |           |             |                 |

|               | or adding additional Aronal sheets, if necessary)  | . (Be specific)       |                    |                |  |
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| provistons fo | nent provides for an ex-<br>or implementing the an | rendment if not conta | ined in the amendm | ent itself:    |  |
| (if not ap    | pplicable, indicate N/A)                           |                       |                    |                |  |
|               |  |                       |                    |                |  |
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|  | 08/15/2018  |
|--|---|
| The date of each amendment(s                                       | adoption:, if other than  |
| date this document was signed.                                     | 0.0000.0040   |
| A<br>  | SOSTO 2018  |
| енесия одис <u>и аружави</u>                                       | (no more than 90 days after amendment file date)  |
| Note: If the date inserted in the document's effective date on the | block does not meet the applicable statutory tiling requirements, this date will not be listed as bepartment of State's records.  |
| Adoption of Amendment(s)   | ( <u>CHECK ONE</u> )  |
| ☐ The amendment(s) was/were by the shareholders was/were           | dopted by the shareholders. The number of votes east for the amendment(s) sufficient for approval.  |
|  | oproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s);  |
| "The number of votes c   | t for the amendment(s) was/were sufficient for approval   |
| by   | , <del>"</del>  |
| . • <del></del>  | (voting group)  |
| action was not required.   | dopted by the board of directors without shareholder action and shareholder   |
| action was not required.   | dopted by the incorporators without shareholder action and shareholder  |
| 08/24/2<br>Dated   | 18<br>  |
| Signature  | Olga florchez   |
| (By sele   | director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court need fiduciary by that fiduciary) |
|  | OLGA Y SANCHEZ  |
|  | (Typed or printed name of person signing)   |
|  | PRESIDENT   |
|  | (Title of person signing)   |