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2019 MAY 31 AM 10: 40 SECRETANT OF STATE TALLAHASSEE, FL

C Kiuzei

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: NOS Beauty, Inc.		
DOCUMENT NUMB	P10(Y)(V) 3 1005		
The enclosed Articles of	of Amendment and fee are si	abmitted for filing.	
Please return all corresp	condence concerning this ma	atter to the following:	
	losh Yelen		
-		Name of Contact Perso	n
-		Firm/ Company	
	3191 Grand Avenue #33170	6	
	<u>-</u>	Address	· · · · · · · · · · · · · · · · · · ·
i	Miami, FL 33233		
-		City/ State and Zip Cod	v.
joshye	len@morphalogica.com		
	E-mail address: (to be u.	sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
Josh Yelen		305 at (322-4561
Name of	Contact Person	at (305 322-4561 Area Code & Daytime Telephone Numbe	
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment 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, F1, 32314		Amend Divisio Clifton	Address Iment Section on of Corporations Building xecutive Center Circle

Tallahassee, Fl. 32301

Articles of Amendment to Articles of Incorporation of

NOS Deality, Inc.		
(Name of Corporation as curre	ently filed with the Florida Dept. of State)	-
P19000034095		
(Document Number	er of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, thits Articles of Incorporation:	his Florida Profit Corporation adopts the follo	owing amendment(s) to
A. If amending name, enter the new name of the corporation:		
Morphalogica 1, Inc.		Thu nu
name must be distinguishable and contain the word "corpora" "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," o word "chartered," "professional association," or the abbreviation	r "Co". A professional corporation name n	The new he abbreviation nust contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	3191 Grand Avenue, #331706	<u> </u>
	Miami, Fl 33233	19 HAY
		X
D. If amending the registered agent and/or registered office ac new registered agent and/or the new registered office addr	ddress in Florida, enter the name of the ess:	AM SSEE
Name of New Registered Agent		AM 10: 40
		m o
(Florida	street address)	
New Registered Office Address:	. Florida	
		Zip Code)
New Registered Agent's Signature, if changing Registered Age I hereby accept the appointment as registered agent. I am familia	ent: or with and occept the obligations of the positi	on.
Signature of New	v 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.

r.vample: X.Change	PT	John Doe		
X Remove	<u>V</u>	Mike Jones		
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>	
1) Change	D	Meryl Yelen, Esq	3263 Allamanda Street	
X_Add			Miami, Fl 33133	
Remove				
2) Change				
Add				
Remove				
3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change				
Add				
Remove				

If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)
· · · · · · · · · · · · · · · · · · ·	
If an amendment provides for an excha	ange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	idment if not contained in the amendment itself:
\	

The date of each amendment(s) date this document was signed.) adoption:	_, if other than the
~	4ay 29, 2019	
mappinguite.	(no more than 90 days after amendment file date)	
Note: If the date inserted in thi document's effective date on the	s block does not meet the applicable statutory filing requirements, this date will Department of State's records.	not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were a by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
☐ The amendment(s) was/were a must be separately provided j	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	
"The number of votes ca	ast for the amendment(s) was/were sufficient for approval	
by	••	
-	(voting group)	
☐ The amendment(s) was/were a action was not required.	adopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were a action was not required.	adopted by the incorporators without shareholder action and shareholder	
May 29, Dated/	2019	
∳elec	director, president or other officer – if directors or officers have not been ted by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)	-
	Diana Yelen	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	