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COVER LETTER

TO: Amendment Section

Division of Corporations NAME OF CORPORATION: JTM TRUCKING, INC. DOCUMENT NUMBER: P02000035761 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: ALAN M. STEIN Name of Contact Person ALAN M. STEIN ACCOUNTING & TAX SERVICE, INC. Firm/ Company 3930 STATE ROAD 64 EAST Address BRADENTON, FL 34208 City/ State and Zip Code STEINACCOUNTING@YAHOO.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: ALAN MUSTEIN at (941) 749-5364

Area Code & Daytime Telephone Number Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: S35 Filing Fee ☐S43.75 Filing Fee & □\$43.75 Filing Fee & ☐\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Street Address Mailing Address Amendment Section Amendment Section Division of Corporations Division of Corporations The Centre of Tallahassee P.O. Box 6327

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, Fl. 32314

Articles of Amendment to Articles of Incorporation of

TTM	TR	HCK1	NC	INC

(Name of Corporation as currently	filed with the Florida Dept. of State)	
P02000035761			
(Document Number of	Corporation (if known)		
Pursuant to the provisions of section 607,1006, Florida Statutes, this F its Articles of Incorporation:	lorida Profit Corporation adopts the f	ollowing amo	endment(s) (
A. If amending name, enter the new name of the corporation:			
MONICA BEAUTY, INC.		The	неш
name must be distinguishable and contain the word "corporation," "co "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."	mpany," or "incorporated" or the abb professional corporation name must	reviation "C contain the	orp.," word
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	N/A		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BON) D. If amending the registered agent and/or registered office address: Name of New Registered Agent N/A	N/A ess in Florida, enter the name of the	2020 FEB 14 PH 2: 42	
(Florida stre	et address)		
New Registered Office Address:	City) . Florida_	(Zīp Code)	
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w Signature of New Re Check if applicable	ith and accept the obligations of the portion of th	oxition.	

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c). F.S.

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:
tAttach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

Add

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	<u>John Doe</u>	
X Remove	\underline{V}	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change		N/A	
Add			
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change		_	_

Mach <i>additional sh</i>	eets, if necessary).	(Be specific)			
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If an amendment p	royides for an exch	ange, reclassificati	on, or cancellation (ained in the amend)	of issued shares,	
(it not applied	ole, indicate N/A)	idingia ii not com.	amed in the amendi	nem usen.	
	, , , , , , , , , , , , , , , , , , ,				
A					
					

The date of each amendment(s) adoption date this document was signed.	, if other than the
Effective date if applicable:	
	(no more than 90 days after amendment file date)
Note: If the date inserted in this block document's effective date on the Departme	s not meet the applicable statutory filing requirements, this date will not be listed as the t of State's records.
Adoption of Amendment(s)	CHECK ONE)
☐ The amendment(s) was/were adopted b action was not required.	the incorporators, or board of directors without shareholder action and shareholder
■ The amendment(s) was/were adopted b by the shareholders was/were sufficien	the shareholders. The number of votes cast for the amendment(s) for approval.
☐ The amendment(s) was/were approved must be separately provided for each v	the shareholders through voting groups. The following statement ing group entitled to vote separately on the amendment(s):
"The number of votes cast for the	mendment(s) was/were sufficient for approval
by	, "
	voting group)
selected, by a appointed fidu	resident or other officer – if directors or officers have not been neorporator – if in the hands of a receiver, trustee, or other court iary by that fiduciary)
JOEL	D. GARCIA
	(Typed or printed name of person signing)
PRES	DENT
	(Title of person signing)