K26943

Office Use Only



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COVER LETTER

Division of Corporations
NAME OF CORPORATION: PARADISE OF BEAUTY INC
DOCUMENT NUMBER: K 26593
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
MAGDELINE GONZALEZ CPA
Name of Contact Person
MAGDELINE GONZALEZ CPA, PA
Firm/ Company
8360 W FLAGLER STREET, SUITE 206
Address
MIAMI, FL 33144
City/ State and Zip Code
Brito13@msn.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
MAGDELINE GONZALEZ CPA at 305-302-3918
Name of Contact Person Area Code & Daytime Telephone Number

Mailing Address

\$35 Filing Fee

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Enclosed is a check for the following amount made payable to the Florida Department of State:

\$43.75 Filing Fee &

Certificate of Status

Street Address

\$43.75 Filing Fee &

(Additional copy is

Certified Copy

enclosed)

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

\$52.50 Filing Fee

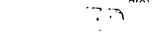
Certified Copy

(Additional Copy is enclosed)

Certificate of Status

Articles of Amendment to

Articles of Incorporation of



2015 Dec 23 PM 12: 50

PARADISE OF BEAUTY INC				
(Name of Corpora	tion as currently filed wit	h the Florida Dept. of S	tate)	
K 26593				
(Do	cument Number of Corporat	tion (if known))		-
Pursuant to the provisions of section 607.10 amendment(s) to its Articles of Incorporation		orida Profit Corporatio	n adopts t	ne following
4. If amending name, enter the new nar	ne of the corporation:			
				The new
name must be distinguishable and contain t "Corp.," "Inc.," or Co.," or the designation " word "chartered," "professional association,	Corp, " "Inc," or "Co". A pro			reviation
3. <u>Enter new principal office address. it</u> Principal office address <u>MUST BE A ST</u>			_	
				
C. Enter new mailing address, if applica	ible:			
(Mailing address MAY BE A POST O	FFICE BOX)			
				<u></u>
				<u></u>
 If amending the registered agent and new registered agent and/or the new 			name of t	<u>he</u>
Name of New Registered Agent:	RAYSA BRITO			
	309 SW 2 STREET			
	(Florida	street address)		
New Registered Office Address:	HALLANDALE		_, Florida	
	(Ci	ity)		(Zip Code)
New Registered Agent's Signature, if cha	nging Registered Agent:			
hereby accept the appointment as register	ed agent. I am familiar with		ns of the p	osition.
	Rouxe Dist	D A Agent if changing		
	inneture of New Registerer	t Agent if changing		

PARADISE OF BEAUTY INC

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	PI	John Doe	
X Remove	Ϋ́	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	Address
1) Change AddX Remove	Р	LAURA FELIPE	613 SW 8 STREET HALLANDALE, FL 33009
2) X Change Add Remove	Р	RAYSA BRITO	309 SW 2 STREET HALLANDALE, FL 33009
3) Change Add Remove			
4) Change Add Remove			
5) Change Add Remove			
6) Change Add Remove			

ATX1 E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific) F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)

PARADISE OF BEAUTY INC

The date of each amendment(s)	adoption:
other than the date this document	was signed.
Effective date if applicable:	
	(no more than 90 days after amendment file date)
	ock does not meet the applicable statutory filing requirements, this date will not be listed in the Department of State's records.
Adoption of Amendment(s)	(CHECK ONE)
X The amendment(s) was/wer by the shareholders was/we	re adopted by the shareholders. The number of votes cast for the amendment(s) are sufficient for approval.
The amendment(s) was/wee	re approved by the shareholders through voting groups. The following statement of for each voting group entitled to vote separately on the amendment(s):
"The number of votes	cast for the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
The amendment(s) was/wer action was not required.	re adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/wer action was not required.	re adopted by the incorporators without shareholder action and shareholder
Dated	12-5-19
Signature	Rayou Buto
	(By a director, president or other officer – if directors or officers have not been
	selected, by an incorporator – if in the hands of a receiver, trustee, or other court
	appointed fiduciary by that fiduciary)
	Raysa Brito
	(Typed or printed name of person signing)
	President
	(Title of nerson signing)

ATX1