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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: KNO	FLORIDA'S BEAUTY, INC.	
•		
DOCUMENT NUMBER:	,	
The enclosed Articles of Amendment and	fee are submitted for filing.	
Please return all correspondence concern	ng this matter to the following:	
LARRY S. L	LEBER PRESIDENT Name of Contact Person)	
KNOW FLOR.	SA'S BEAUTY THE (Firm Company)	
1620 ADAMS	ON ROAD (Address)	
CocoA, FL	ORIDA 32926 City/ State and Zip Code)	•
For further information concerning this m	atter, please call:	
LARRY WEBER (Name of Contact Person)	at (321) 631-0501 GT 20 (Area Code & Daytime Telephone Number)	>3
Enclosed is a check for the following amo	unt made payable to the Florida Department of State:	
□\$35 Filing Fee & Certificate of Status	S43.75 Filing Fee & S52.50 Filing Fee Certified Copy Certificate of Status (Additional copy is enclosed) (Additional Copy is enclosed)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassec, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	

Articles of Amendment to Articles of Incorporation of

FILED 2008 DEC 15 PM 5: 48 SECRETA

KNOW FL	ORIDA'S BEAUTY, INC.	ALLAHASSEE FLORID
	rently filed with the Florida De	ot. of State)
(Document Nu	mber of Corporation (if known)	·
rsuant to the provisions of section 617.1006 following amendment(s) to its Articles of I	, Florida Statutes, this Florida Noncorporation:	ot For Profit Corporation
If amending name, enter the new name of	of the corporation:	
e new name must be distinguishable and c breviation "Corp." or "Inc." <u>"Company" o</u>		
Enter new principal office address, if app	olicable:	
incipal office address <u>MUST BE A STREE</u>	ET ADDRESS)	
Enter new mailing address, if applicable		
(Mailing address <u>MAY BE A POST OFFI</u>	CE BOX)	
	·	
If amending the registered agent and/or t	registered office address in Flor	ida, enter the name of the
new registered agent and/or the new regi	stered office address:	
Name of New Registered Agent.		
New Registered Office Address:	(Florida street address	·)
New Registered Office Address:		_
New Registered Office Address:	(City)	, Florida (Zip Code)

position.

Signature of New Registered Agent, if changing

Is mending 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) Address Type of Action Title Name ☐ Add ☐ Remove Add ☐ Remove Add Add ☐ Remove E. If amending or adding additional Articles, enter change(s) here: . (attach additional sheets, if necessary). (Be specific) Add additional Article 4.E., to read in its entirety as follows: "E. Upon the dissolution of this corporation, assets shall be distributed for one or more exempt purposes within the meaning of Section 501(c)(3) of the Internal Revenue Code, or the corresponding section of any future federal tax code, or shall be distributed to the federal government, or to a state or local government, for a public purpose."

•	
The date of each amendment(s) adoption: DECEMBER 10, 2002	
Efective date if applicable: DECEMBER 10 2008	
(no more than 90 days after amendment file date)	
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.	;)
There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.	
Dated DECEMBER 10,2008	
Signature Larry S Welen President	
(By the chairman or vice chairman of the board, president or other officer-if direct	tors
have not been selected, by an incorporator - if in the hands of a receiver, truste other court appointed fiduciary by that fiduciary)	e, or
LARRY S. WEBER	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	

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