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## **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Beautiful	People Inte	rnational, Inc.
DOCUMENT NUMBER: N14000005	905	
The enclosed Articles of Amendment and fee are sub	mitted for filing.	
Please return all correspondence concerning this matte	er to the following:	
Donna Messenger		
	(Name of Contact Person	n)
Beautiful People Interna	tional, Inc.	
	(Firm/ Company)	
541 Mast Dr		
	(Address)	
Bradenton, FL 34208		
	(City/ State and Zip Code	e)
messengerdonna	@gmail.cor	n
E-mail address: (to be used	for future annual report	notification)
For further information concerning this matter, please	call:	
Donna Messenger	<sub>at (</sub> 941	323-6236
(Name of Contact Person)	(Area Co	ode & Daytime Telephone Number)
Enclosed is a check for the following amount made pa	yable 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, FL 32314	Amend Divisio Clifton 2661 E	Address ment Section on of Corporations Building xecutive Center Circle assee, FL 32301

## Articles of Amendment to Articles of Incorporation of

(Name of Corporation as currently filed with		of State)	<del></del>
N1400005905	the Clorida Dept.	<del>N State</del> )	
(Document Number of	Corporation (if kno	wn)	
Pursuant to the provisions of section 617,1006, Florida amendment(s) to its Articles of Incorporation:	Statutes, this Flori	da Not For Profit Corporation :	adopts the following
A. If amending name, enter the new name of the co	rporation:		
Beyond Beauty Foundation, Inc.			The new
name must be distinguishable and contain the word "c "Company" or "Co." may not be used in the name.	orporation" or "in	corporated" or the abbreviation	"Corp "for "Ine."
B. Enter new principal office address, if applicable			
(Principal office address <u>MUST BE A STREET ADD</u>	<u>PRESS</u> )		
			<b>P</b>
			<u> </u>
C. Enter new mailing address, if applicable:			豊富 コ
(Mailing address <u>MAY BE A POST OFFICE BO</u>	<u> </u>	<u> </u>	<del></del>
		,	
D. If amending the registered agent and/or register new registered agent and/or the new registered		n Florida, enter the name of th	<u>e</u>
	onice traditess;		
Name of New Registered Agent:		<del>.</del>	
New Registered Office Address:	(Florida street	address)	
	(City)	, Florida (Zip Code)	
	(Chy)	(zip code)	
New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agent.		and accept the obligations of the	position.
Signature of Vo	w Registered Agent.	if changing	
Signature of iver	w negisierea Ageni,	ij 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.

Example: X Change X Remove X Add	<u>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jon Sally Sm	<u>nes</u>	
Type of Action (Check One)	<u>Title</u>	:	<u>Name</u>	<u>Addres</u> s
1) Change				
Add				
Remove				***
2) Change				
Add				
Remove				
3) Change				
Add				
Remove				
4) Change		<del>-</del> .		
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

If amending or adding additional Artic (attach additional sheets, if necessary).	(Be specific)
	·
<del></del>	
*****	
-	

The	date of each amendment(s) adoption:
Effe	ective date if applicable:
	(no more than 90 days after amendment file date)
Add	option 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 10-16-14 Signature Ooula Messeya, Pres.
	(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
	Donna Messenger
	(Typed or printed name of person signing)
	President
	(Title of person signing)