N16000006684

(Requestor's	s Name)
(Address)	
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COVER LETTER

TO: Amendment Section
Division of Corporations

Tallahassee, FL 32314

BRIGHTER LIPSTICK, BIGGE NAME OF CORPORATION:	R EARRINGS, INC.
N16000006684	
DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for file.	inu
The enclosed Afficies of Amenament and fee are submitted for the	mg.
Please return all correspondence concerning this matter to the following	owing:
KATHRYN BRADEIS	
(Name of C	Contact Person)
BRIGHTER LIPSTICK, BIGGER EARRINGS, INC.	
(Firm/	Company)
5005 SANCERRE CIRCLE	
(Ac	idress)
LAKE WORTH, FL 33463	
Katbradeis Cyahoc E-mail address: (to be used for future a	and Zip Code)
For further information concerning this matter, please call:	
KATHRYN BRADEIS	at
(Name of Contact Person)	(Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the	Florida Department of State:
■ \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 F Certificate of Status Certified (Addition enclosed)	Copy Certificate of Status nal copy is Certified Copy
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	Street Address Amendment Section Division of Corporations The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

BRIGHTER LIPSTICK, BIGGER EARRINGS

200 116 01 3: 20

(Name of Corporation as currently filed with the	Florida Dant of State)		
N16000006684	riorida pept. or State)		
(Docum	ent Number of Corporation (if k	nown)	
Pursuant to the provisions of section 617.1006, Floramendment(s) to its Articles of Incorporation:		or Profit Corporation adopts the following	
A. If amending name, enter the new name of the	corporation:		
name must be distinguishable and contain the word "Company" or "Co." may not be used in the name		The new or the abbreviation "Corp." or "Inc."	
B. Enter new principal office address, if applica	5005 SANCERRE C	IRCLE .	
(Principal office address MUST BE A STREET A.	DDRESS) LAKE WORTH, FL	33463	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE I	5005 SANCERRE C LAKE WORTH, FL		
D. If amending the registered agent and/or regis		enter the name of the	
	KATHRYN BRADEIS		
Name of New Registered Agent:	5005 SANCERRE CIRCLE		
New Registered Office Address:	(Florida street address)		
	LAKE WORTH	, Florida	
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing R I hereby accept the appointment as registered agent	. 1 am familiar with and accept Katheyn B	the obligations of the position. Walls ered 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.

Example: X Change X Remove A Add	PT John Do V Mike Jo SV Sally Sr	nes	
Type of Action (Check One)	Title	<u>Name</u>	<u>Address</u>
1) Change Add	CFO	HENRY SAWYER	815 SHALLOW BROOK AVE. WINTER SPRINGS, FL 32708
x Remove 2) Change Add	CEO	PAM SAWYER	815 SHALLOW BROOK AVE. WINTER SPRINGS, FL 32708
X Remove 3) Change X Add Remove	AMBR	CAROLE TOWNSEND	3 CLAREMONT CT. MONTGOMERY, TX 77356
4) Change Add			
Remove 5) Change Add Remove		· · · · · · · · · · · · · · · · · · ·	
6) Change Add			
E. If amending or addin (attach additional shee		cles, enter change(s) here: (Be specific)	
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The date of each amendmen	#(a\ a.d	09/01/2020		-		
dote this description	u(s) adoption:			<u> </u>	, if	other than the
date this document was signed	1.					
12.00	09/01/2020					
Effective date <u>if applicable</u> :	_					
	(ne	o more than 90 days o	after amendment _s	file date)		
Note: If the date inserted in the document's effective date on t	his block does i he Department	not meet the applicab of State's records.	le statutory filing	requirements, this	date will not be lis	ted as the
Adoption of Amendment(s)	((CHECK ONE)				
■ The amendment(s) was/w	vara odonia ti	the manufacture - 1 dec	1	6		
The amendment(s) was/w was/were sufficient for ap	vere adopted by pproval.	the members and the	number of votes	s cast for the ameno	lment(s)	

Dated 9/20/20	
Signature (By the chairman or the chairman of the board, president or other have not been selected, by an incorporator – if in the hands of a reother court appointed fiduciary by that fiduciary)	
KATHRYN BRADEIS	
(Typed or printed name of person sign	ing)

(Title of person signing)