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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	ATION: THE BEAUTY CA	FE, INC	
DOCUMENT NUMBE	P04000061090		_ .
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.	
Please return all corresp	ondence concerning this ma	tter to the following:	
R	RAAFAY MOHAMMED		
_		Name of Contact Person	1
_		Firm/ Company	
1	9058 SW 17TH CT		
-		Address	
3	MIRAMAR, FL 33029		
_	· · · · · · · · · · · · · · · · · · ·	City/ State and Zip Code	•
For further information	E-mail address: (to be us concerning this matter, pleas	sed for future annual report	notification)
RAAFAY MOHAMMED		at (584-2088
Name of	Contact Person		de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:
■ \$35 Filing Fee	□S43.75 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		Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle	

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

THE BEAUTY CAFE, INC			
(Name of Corporation as currently filed with the Florida De	pt. of State)		
P04000061090			
(Document Number of Corporation (if known)			·
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> its Articles of Incorporation:	adopts the followi	ng amend	lment(s)
A. If amending name, enter the new name of the corporation:			
		The 1	יוזיקל
name must be distinguishable and contain the word "corporation," "company," or "incor" "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional corpoword "chartered," "professional association," or the abbreviation "P.A."	porated" or the interpretation name must	 abbreviat	ion
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	<u>.</u>		-
C. Enter new mailing address, if applicable: (Muiling address MAY BE A POST OFFICE BOX)	ALLARA ALLARA	20 9 SEP 16	
D. If amending the registered agent and/or registered office address in Florida, enter the n	ame of the	AH III: L	
new registered agent and/or the new registered office address:	•		
Name of New Registered Agent		_	
(Florida street address)		_	
New Registered Office Address:	, Florida		_
(City)	(Zi _l	v Code)	
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligati	ions of the position		
Signature of New Registered Agent, if changin	<u> </u>	_	

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	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	Р	RAAFAY MOHAMMED	656 NORTH UNIVERSITY DR.
Add			PEMBROKE PINES, FL 33024
X Remove		· CCDA(A LANGE)	903 N.W. 132ND AVENUE
2) Change	VP		`
X Add		· · · · · · · · · · · · · · · · · · ·	SUNRISE, FL 33325
Remove 3) Change	VP	HUMERA CHOHAN	8490 NW 27TH PLACE
Add	-		SUNRISE, FL 33322
X Remove			
4) Change	-		
Add Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary).—(Be specific) (MENDING ARTICLES TO REMOVE RAAFAY MOHAMMED, REMOVE HUMERA CHOHAN, AND ADD		
EEMA JANJUA.		
······		
	<u> </u>	
		
. If an amendment prov provisions for implen (if not applicable,	ides for an exchange, reclassification, or cancellation of issued shares, nenting the amendment if not contained in the amendment itself: indicate N/A)	
	· · · · · · · · · · · · · · · · · · ·	
		

	09/12/2019	22 .1 .1 .4.
The date of each amendment(s) addate this document was signed.	loption:	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bedocument's effective date on the De	clock does not meet the applicable statutory filing requirements, this department of State's records.	ite will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(ifficient for approval.	s)
☐ The amendment(s) was/were approvided for must be separately provided for	proved by the shareholders through voting groups. The following statem each voting group entitled to vote separately on the amendment(s):	ent
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
,	(voting group)	•
☐ The amendment(s) was/were addaction was not required.	opted by the board of directors without shareholder action and sharehold	er
☐ The amendment(s) was/were ad action was not required.	opted by the incorporators without shareholder action and shareholder	
		
selecto	director, president or other officer – it directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other counted fiduciary by that fiduciary)	
арроп		
	IMTIAZ A MOHAMMAD	···
	(Typed or printed name of person signing)	
	DIRECTOR	
	(Title of person signing)	