P05000011094

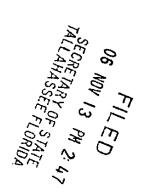
(Reque	stor's Name)	
(Address)		
(Address)		
(City/St	ate/Zip/Phone #	<u>) </u>
PICK-UP		MAIL
(Busine	ss Entity Name)
(Document Number)		
Certified Copies	Certificates of Status	
Special Instructions to Filing Officer:		
Special Instructions to Filin	g Officer:	





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COVER LETTER

TO: Amendment Section Division of Corporations

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

NAME OF CORPORATION: Facial	ls And Move	By Yolanda,
DOCUMENT NUMBER: P05000	071094	
The enclosed Articles of Amendment and fee are	e submitted for filing.	
Please return all correspondence concerning this	matter to the following:	
<u>Jolanda</u> , (Name) of	Strudwi ^r de Contact Person)	
Facials And Me	ore By Yolan	ta, Inc.
809 E. Bloomi	ngdale Ave:	#231
Brandon, Fl. (City/Stat	33511 te and Zip Code)	
For further information concerning this matter, p	lease call:	
Udanda J. Strudwick (Name of Contact Person)	at (<u>813</u>) <u>3W</u> (Area Code & Daytime	
Enclosed is a check for the following amount:		
\$35 Filing Fee \$\bigcup \$43.75 Filing Fee & Certificate of Status	S43.75 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	Street Address Amendment Section	

Division of Corporations

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of incorporation
Facials And Move by Jolanda, Inc. The Representation of Corporation as currently filed with the Florida Dept. of State)
P0500071094 (Document number of corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation:
NEW CORPORATE NAME (if changing): Factols, Massages And More by Juneline. (Must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.") (A professional corporation must contain the word "chartered", "professional association," or the abbreviation "P.A.")
AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: (BE SPECIFIC)
(Attach additional pages if necessary)
If an amendment provides for 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)

(continued)

Articles of Amendment to

The date of each amendment(s) adoption:
Effective date if applicable: (no more than 90 days after amendment file date)
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were approved by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided 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)
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.
Signature (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) (Typed or printed name of person signing) (Title of person signing)

FILING FEE: \$35