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COVER LETTER

TO: Amendment Section

Division of Corpo	orations		
NAME OF CORPOR	RATION: Bella C	osa, Inc	
DOCUMENT NUME	BER: <u>PO5000</u> 0	584499	
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corres	spondence concerning this mat	tter to the following:	
	MARY DOM	Name of Contact Person	1
	183 BAL	Firm/Company	
	Jupite	Address City/ State and Zip Code	33458
	- 11 ·	6949 W 4	thoo.com
For further information	n concerning this matter, pleas	at (561	707-6249
Name (of Contact Person		de & Daytime Telephone Number
Enclosed is a check fo	r the following amount made p	payable 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)
Ame Divi P.O.	ling Address endment Section sion of Corporations Box 6327 ahassee, FL 32314	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building executive Center Circle assee, FL 32301

Articles of Amendment to Articles of Incorporation of

Bella Cosa, Inc	01
(Name of Corporation as	currently filed with the Florida Dept. of State)
P05000084499	
	lumber of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statuits Articles of Incorporation:	ites, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corpora	ution:
SALON ROLLITAC	The new
	orporation," "company," or "incorporated" or the abbreviation oc," or "Co". A professional corporation name must contain the viation "P.A."
B. Enter new principal office address, if applicable:	221 Grenwich Cin # 111
(Principal office address <u>MUST BE A STREET ADDRESS</u>	Jupiter, 70
	33458
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	183 Bayberry Pl
	Jopite, 71
	334587
	T•
D. If amending the registered agent and/or registered off new registered agent and/or the new registered office	
	NA
Name of New Registered Agent	
	Torida street address)
New Registered Office Address:	(City), Florida (Zip Code)
New Registered Agent's Signature, if changing Registere	d Agent
I hereby accept the appointment as registered agent. I am fo	
	1 /1a-
Signatura	of New Registered Agent, if changing
	A LIGH BUELIELEM FIREIR. II LIMITETTE

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.

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>Nan</u>	ne			<u>Addres</u> s	
1) Change							
Add							
Remove							
2) Change		_	 	······································			· · · · · · · · · · · · · · · · · · ·
Add				1.		 	
Remove		1	\	IA	·····		
3) Change			<u> </u>	11)			
Add							
Remove							<u> </u>
4) Change							
Add							
Remove						 	
5) Change	<u> </u>	-					
Add						<u></u>	
Remove							
6) Change							
Add			·				
Add							

Attach additional sheets, if necessary).	cles, enter change(s) here: (Be specific)
 	
	1
<i></i>	JA-
	•
	
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f an amendment provides for an exch	ange, reclassification, or cancellation of issued shares,
provisions for implementing the amer	ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
(if not applicable, indicate N/A)	
	- (<i>r</i>)-
	(A

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	<u>.</u>
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date wil document's effective date on the Department of State's records.	I not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted 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)	
(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)	
Pris.	
(Title of person signing)	<u></u>