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COVER LETTER

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: LAQA'S TOUCH & PHOTOS, I
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Name of Contact Person
JP Consuting Group 1
Name of Contact Person Jean Paul Name of Contact Person Jean Paul Name of Contact Person Firm/ Company 18425 NW 2nd Ave Address
Miami, FL. 33169
City/ State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Tran Paul at 3 o 5 3 43 - 2 4 12 Name of Contact Person Area Code & Daytime Telephone Number
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 Filing Fee & □\$52.50 Filing Fee

Certified Copy

enclosed)

(Additional copy is

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Certificate of Status

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Certificate of Status

Certified Copy

(Additional Copy is enclosed)

Articles of Amendment

to

Articles of Incorporation

αf

(Name of Corporation as currently	filed with the Florida Dent of State	
P0600000 4280	ined with the Follow Dept. of State	,
P 0 6 0 0 0 0 0 42 8 0 (Document Number of	Corporation (if known)	
Pursuant to the provisions of section 607,1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	Torida Profit Corporation adopts the fo	ollowing amendment(s) t
A. If amending name, enter the new name of the corporation:		
PURECELE BRITE A name must be distinguishable and contain the word "corporation	Inc.	The new
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Cword "chartered," "professional association," or the abbreviation "I	lo". A professional corporation name	the abbreviation must contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		<u></u>
		五公 看
		EH B T
D. If amending the registered agent and/or registered office address: new registered agent and/or the new registered office address:		HE INSERT
new registered agent and/or the new registered office address:		
Name of New Registered Agent	··	
(Florida stre	et address)	<u> </u>
New Registered Office Address:	, Florida	
	City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent. I am familiar w	ith and accept the obligations of the po	sition.

Signature of New Registered 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	<u>PT</u>	John Do	<u>xc</u>	
X Remove	<u>V</u>	Mike Jo	<u>nes</u>	
X Add	<u>8V</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	Title		<u>Name</u>	Address
1)Change		_		
Add				
Remove				
2) Change		_		
Add				
Remove				
3) Change		_	 _	
Add				
Remove				
4) Change		_		
Remove				
5) Change				
Add		_		
Remove				
6) Change		_		
Add				
Remove				

If amending or adding additional Artic Attach additional sheets, if necessary).	(Be specific)

f an amendment provides for an exch	nange, 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)	

The date of each amendment(s) ad	option:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this b document's effective date on the De	lock does not meet the applicable statutory filing requirements, this dipartment of State's records.	ate will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amendment flicient for approval.	(s)
	roved 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)	
action was not required. The amendment(s) was/were ado	pted by the board of directors without shareholder action and shareholder pted by the incorporators without shareholder action and shareholder	ler
Dated	125/2017	
selected	rector, president of other officer – if directors or officers have not been l, by an incorporator – if in the hands of a receiver, trustee, or other could fiduciary by that fiduciary)	
	PRINCESS L. CALLAH,	4 ∼
	(Typed or printed name of person signing)	
	President Director	
	(Title of person signing)	