# 75700053/16

(Re	equestor's Name)	
4.	<del></del> -	
(Ac	ldress)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	
	Office Use Or	nlv



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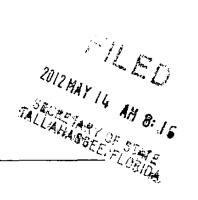


#### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION:	BEAUT	IFUL B	AMBO	O INC.	_
DOCUMENT NUMBER:	PO7000	953116			-
The enclosed Articles of Amend	iment and fee are sul	omitted for filir	ng.		
Please return all correspondence	concerning this mat	ter to the follow	wing:		
	a n	104 28	<b>A</b> <i>C</i>		
<u> </u>	na	Name of Co	ntact Person		
	BEA	UTI FUL	BAMB	OD INC.	
		Firm/ C	ompany	OD [NC.	
	19546 BA	MBOO BE	END DI	R	
	GROVELA	NO , FL	, 347	36 :	
SHEARYO	RTIM		·		
E-m	ail address: (to be us	ed for future at	nual report	notification)	-
For further information concern  RALPH  Name of Contac			362	) <b>217 0604</b> de & Daytime Telephone Nu	ımbar
Enclosed is a check for the follo					milloci
<b> ■</b> \$35 Filing Fee    □\$4	3.75 Filing Fee & ertificate of Status	S43.75 Fill Certified (Additional enclosed)	ing Fee &	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Add Amendment S Division of C P.O. Box 632 Tallahassee, I	Section orporations 7		Amend Division Cliffon 2661 E	Address Iment Section on of Corporations Building executive Center Circle assee, FL 32301	

#### **Articles of Amendment** to Articles of Incorporation



## (Name of Corporation as currently filed with the Florida Dept. of State)

### PO70000 53116

(Document Number of Corporation (if known)

ment(s) to

	N/A
ame must be distinguishable and contain to Corp.," "Inc.," or Co.," or the designation ord "chartered," "professional association,"	he word "corporation," "company," or "incorporated" or the "Corp." "Inc," or "Co". A professional corporation name mor the abbreviation "P.A."
. Enter new principal office address, if ap Principal office address <u>MUST BE A STREI</u>	
. Enter new mailing address, if applicable	
(Mailing address MAY BE A POST OFF	
(Mailing address <u>MAY BE A POST OFF</u>	CE BOX)
(Mailing address MAY BE A POST OFF)  If amending the registered agent and/or	registered office address in Florida, enter the name of the
(Mailing address <u>MAY BE A POST OFF</u>	registered office address in Florida, enter the name of the
(Mailing address MAY BE A POST OFF)  1. If amending the registered agent and/or new registered agent and/or the new reg	registered office address in Florida, enter the name of the stered office address:
(Mailing address MAY BE A POST OFF)  If amending the registered agent and/or new registered agent and/or the new reg	registered office address in Florida, enter the name of the stered office address:

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: XChange	PT John	n Doe	
X Remove	<u>V</u> <u>Mik</u>	e Jones	
X Add	<u>SV</u> <u>Sall</u>	y Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
Change Add Remove	<u>_v_</u>	TIMOTHY BOAS	18404 STATE RR 19 GROVE LAND, FL 3473
2) Change Add Remove			
3 ) Change Add Remove			
4) Change Add Remove			
5) Change Add Remove	<del></del>		
6) Change Add Remove	~=		

amending or adding additional Art ttach additional sheets, if necessary).	(Be specific)	— N/A
	, , , , , , , , , , , , , , , , , , , ,	
	<del></del>	
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· · · ·		
	<del></del>	
If an amendment provides for an exc provisions for implementing the am	<u>change, reclassification</u> lendment if not contain	, or cancellation of issued shares, ed in the amendment itself:
(if not applicable, indicate N/A)		
	NA	
<del></del>		

The date of each amendment(s) a	adoption: 1/1/2 <i>01</i> /
Effective date <u>if applicable</u> :	
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	( <u>CHECK ONE</u> )
The amendment(s) was/were ac by the shareholders was/were s	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.
	oproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):
	st for the amendment(s) was/were sufficient for approval
by	(voting group)
action was not required.	dopted by the board of directors without shareholder action and shareholder dopted by the incorporators without shareholder action and shareholder
Dated	
select	director, president or other officer – if directors or officers have not been ted, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)  RALPH BOAS
	(Typed or printed name of person signing)
	PRES.
	(Title of person signing)