P0700113892

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	No lone

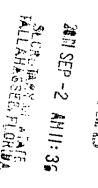




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COVER LETTER :

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Forever Yours Pe	rmanent Makeup Inc.
DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee are submitted for	or filing.
Please return all correspondence concerning this matter to the	following:
Michelle Mc Name of Contact P	1-eVS erson
Finishing Tou	schest Inc.
13805 SW74 (4.
Mami FC. City/ State and Zip	33128
E-mail address: (to be used for future annua	aol. Com I report notification)
For further information concerning this matter, please call: My helle Myers at (3) Name of Contact Person Area	DS) 794-8565 a Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to	the Florida Department of State:
Certificate of Status Certified	iling Fee & \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Division of Corporations P.O. Box 6327 Division of Clifton B	ent Section of Corporations

Tallahassee, FL 32301

Articles of Amendment

to

Articles of Incorporation

Forever Yours Pean	mont Makeup Inc.
(Name of Corporation as currently filed with t	the Florida Dept. of State)
	The state of the s
Po700013893 (Document Number of Corporati	on (if known)
· ·	
Pursuant to the provisions of section 607.1006, Florida Statute amendment(s) to its Articles of Incorporation:	es, this Florida Profit Corporation adopts the followings
A. If amending name, enter the new name of the corporation	
name must be distinguishable and contain the word "corp abbreviation "Corp.," "Inc.," or Co.," or the designation "Coname must contain the word "chartered," "professional associa	oration," "company," or "incorporated" or the orp," "Inc," or "Co". A professional corporation
B. Enter new principal office address, if applicable:	13805 SW74Cf.
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	Mani F233158
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	138055W 74 Ct. Mami, FZ 33158
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office add	
Name of New Registered Agent:	
	da street address)
(1)(a (City)	(Zip Code), Florida FL 331 58
New Registered Agent's Signature, if changing Registered A I hereby accept the appointment as registered agent. I am family	
Signature of New	Registered Agent, if changing

The date of each amendment(s) a	adoption: Sept 2011
F-0041 J-410	(date of adoption is required)
Effective date <u>if applicable</u> : (no	more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
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) ufficient for approval.
	oproved by the shareholders through voting groups. The following statement 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	,"
(voi	ting 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 <u>So</u>	Michelle Myers
(By a/di	rector, president of other officer – if directors or officers have not been, by an incorporator – if in the hands of a receiver, trustee, or other court
	ed fiduciary by that fiduciary)
	(Typed or printed name of person signing)
	<i>Tresident</i>
	(Title of person signing)