P08000053968

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
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12/04/13--01006--017 **35.00

13 DEC -4 NH 9: 53
SECRETARY OF STATE
TALLAHASSEEL FLORIDA

APPROVED AND FILED

C. LEWIS

DEC 1 0 2013

EXAMINER

COVER LETTER

TO: Amendment Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations Luka Mineral Cosmetics, Inc. NAME OF CORPORATION: 108000053968 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Trisha Bernstein

Name of Contact Person

ernstein Accounting & Tax

Firm/ Company 3309 Northlake Blud., #203 m Beach Gardens, Fl. 33° E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (541) 637-1489 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 Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy (Additional Copy enclosed) is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

APPROVED AND FILED

Articles of Amendment to Articles of Incorporation

13 DEC -4 AM 9:53

Luka Mineral Cosmetics, Inc.

SECRETARY OF STATE TALLAHASSEE, FLORIDA

rida Dept. of State)
nown)
orida Profit Corporation adopts the following amendment(s
The new
"company," or "incorporated" or the abbreviation ". A professional corporation name must contain the A."
N/A
_K)/A
s in Florida, enter the name of the
address)
address), Florida (Zip Code)

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 Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	<u> </u>	NIA	
Add			
Remove			
2) Change			.
Add			
Remove			
3) Change			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change		_	
Add			
Remove			

(Attach a	<u>ding or adding</u> additional sheet:	additional Art s, if necessary).	ticles, enter ch Be specific,	ange(s) here:		
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<u>If an an</u>	nendment prov	ides for an exc	hange, reclass	ification, or car	cellation of issu	ied shares,
provisi (if	<u>ions for implen</u> not applicable,	nenting the am indicate N/A)	endment if not	contained in the	ne amendment i	tself:
	NIA	,				
<u> </u>					···	· · · · ·
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APPROVED AND FILED

. The date of each amendment(s) adoption:	12-2-13	13 DEC -4	AH 9: 53, if other than the
date this document was signed. Effective date if applicable:		SECRETARY TALLAHASSI	OF STATE
	(no more than 90 days after an	nendment file date)	
Adoption of Amendment(s) (CHE	CK ONE)		
The amendment(s) was/were adopted by the sh by the shareholders was/were sufficient for ap		tes cast for the amendmen	nt(s)
The amendment(s) was/were approved by the smust be separately provided for each voting g			ment
"The number of votes cast for the amend			
by(votin		**	
The amendment(s) was/were adopted by the boaction was not required. The amendment(s) was/were adopted by the in action was not required.			lder
	lent or other officer if director porator – if in the hands of a repoy that fiduciary)		
	Katherine Mac	·	
	(Typed or printed name of	person signing)	
	President		
•	(Title of person si	gning)	