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COVER LETTER

TO: Amendment Section Division of Corporations • NAME OF CORPORATION: LOCHIBE & BELOCHI CORP. DOCUMENT NUMBER: <u>608000099526</u> The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: LOCHIBE & BELOCITI, CORP. GARDEN FL 34787 City/ State and Zip Code ioycelyn @ naturalkosmetics. com E-mail addless: (to be used for future annual report notification) For further information concerning this matter, please call: Enclosed is a check for the following amount made payable to the Florida Department of State: \$43.75 Filing Fee & Certificate of Status ☐ \$35 Filing Fee **△**\$43.75 Filing Fee & □ \$52.50 Filing Fee Certified Copy Certificate of Status (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) Mailing Address **Street Address**

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment

to

Articles of Incorporation

•	of	porueion	FILED
LOCHIBE o	BELOC utly filed with t	HI COR	1. of State
(Document Numb	ODDD 99 per of Corporation	9 526 on (if known)	SECRETARY OF STATE TALLAHASSEE. FLORID!
Pursuant to the provisions of section 607.1006, amendment(s) to its Articles of Incorporation:	Florida Statute	s, this <i>Florida i</i>	Profit Corporation adopts the following
A. If amending name, enter the new name of	the corporation	<u>:</u>	
name must be distinguishable and contain the abbreviation "Corp.," "Inc.," or Co.," or the aname must contain the word "chartered," "professional"	lesignation "Co	rp," "Inc," or "	"Co". A professional corporation
B. Enter new principal office address, if appli (Principal office address MUST BE A STREET		,	E. PLANT STREET
			R GARBEN BY787
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)		P.O. 2	30x 783395
		WINTER	GARBEN, FL 34778
D. If amending the registered agent and/or renew registered agent and/or the new registered			da, enter the name of the
Name of New Registered Agent:			
New Registered Office Address:	(Floria	a street address))
	(City)		, Florida (Zip Code)
New Registered Agent's Signature, if changing I hereby accept the appointment as registered age			ept the obligations of the position.

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)

<u>Title</u>		<u>Name</u>	Address	Type of Action
				☐ Add☐ Remove
				Add Remove
				Add Remove
(attacl	h addit	ional sheets, if necessary).	. (Be specific)	
prov (isions if not a	for implementing the ampplicable, indicate N/A)	xchange, reclassification, or cancellation of iss nendment if not contained in the amendment i	tself:
	5,1	00 (Five Th	ousand One Hundred)	shares
20_	57	rock were	transferred from U	NA-
•			ica de Produtos Qui	
			ardo Luis Bueno d	
			- who now owns all	
			on stock.	····

The date of each amendmen	t(s) adoption:	December 1 2010 (date of adoption is required)				
Effective date if applicable.		(date of adoption is required)				
Effective date <u>if applicable</u> : ,	(no more than 9	(no more than 90 days after amendment file date)				
Adoption of Amentament(s)	(CH	IECK ONE)				
The amendment(s) was/we by the shareholders was/w		shareholders. The number of votes cast for the approval.	amendment(s)			
, · ·	• • •	ne shareholders through voting groups. The following group entitled to vote separately on the amenda	~			
"The number of votes	cast for the amen	dment(s) was/were sufficient for approval				
by						
	(voting group)					
action was not required. The amendment(s) was/we		board of directors without shareholder action are incorporators without shareholder action and sh				
action was not required.						
Dated	12-01-	10				
Signature (By sele	a director, presid	lent or other officer – if directors or officers have porator – if in the hands of a receiver, trustee, or				
	EDUAR (Ty	DO LUIS BUENO de SOUZE ped or printed name of person signing)	9 FREITAS			
	970	icer - President				
	(Title o	f person signing)				