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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Wipe out Beauty Supply DOCUMENT NUMBER: P100000 7778	INC				
DOCUMENT NUMBER: \$\int 1.00006 7778					
The enclosed Articles of Amendment and fee are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
Aiman Hussem Name of Contact Person					
Firm/ Company					
8228 Dunham Stahon Drive					
Tampa, FL 33647 City/State and Zip Code					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Aiman Hussin at 407 334-40 Name of Contact Person Area Code & Daytime Telepho	142				
Name of Contact Person Area Code & Daytime Telepho	one Number				
Enclosed is a check for the following amount made payable to the Florida Department of State:					
□ \$35 Filing Fee Certificate of Status □ \$43.75 Filing Fee Certified Copy (Additional copy is enclosed) □ \$43.75 Filing Fee Certified Copy (Additional copy is enclosed)	us				
Mailing Address Amendment Section Amendment Section					

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

0000000 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent **U**CO (Florida street address) New Registered Office Address: Florida New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position

Innature 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.

Mike Jones, V as Remov Example:	ve, and Sa	ally Smith, SV as an Add.	
X Change	<u>PT</u>	<u>John Doe</u>	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	Address
1)Change	PD) Aiman Hussein	8228 Dunham Station D. Tampa, FL 33647
Add Remove			
2) Change			
Add			
Remove			
3)Change			
Add			
Remove			
4) Change	4. · ·		
Add			
Remove			
5) Change		_	
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
f an amendment provides for an exch provisions for implementing the amer (if not applicable, indicate N/A)	ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:
NA	

The date of each amendment(s) adoption:date this document was signed.	if other than the
Effective date if applicable: immediately	
(no more than 90 days after amend	ment file date)
Note: If the date inserted in this block does not meet the applicable statutory filin document's effective date on the Department of State's records.	g requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes comby the shareholders was/were sufficient for approval.	ast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. must be separately provided for each voting group entitled to vote separately on a	The following statement the amendment(s):
"The number of votes cast for the amendment(s) was/were sufficient for app	roval
by	"
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholde action was not required.	r action and shareholder
☐ The amendment(s) was/were adopted by the incorporators without shareholder act action was not required.	ion and shareholder
Dated	
Signature	
(By a director, president or other officer – if directors or selected, by an incorporator – if in the hands of a receive appointed fiduciary by that fiduciary)	
(Typed or printed name of person sign	in
(Typed or printed name of person sign	ing)
president lowner	
(Title of person signing)	