## 1110000533333

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	· —
Special Instructions to Filing Officer:	

Office Use Only



600215315406

12/30/11--01019--003 \*\*43.75

mrs/M

11 DEC 30 PH 4: 38

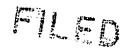
M 1-5-12

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

	RATION: NATIVUS I			
DOCUMENT NUMI	BER: F 1 100003333	· J		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.		
Please return all corre	spondence concerning this ma	tter to the following:		
	PAMELA FREDE	RICK MAIR		
		Name of Contact Person	1	
	NATIVUS HAIR 8	& SKIN		
		Firm/ Company		
	1701 FEDERAL I	HWY 3		
		Address		
	<b>BOCA RATON, F</b>	L 33432		
		City/ State and Zip Code	2	
NΔ	TIVUS27@GMAII	COM		
		sed for future annual report	notification)	
	2	, , , , , , , , , , , , , , , , , , ,	<b>,</b>	
For further information	n concerning this matter, pleas	se call:		
	, <b>,</b> ,	0	7 <i>351</i> - 3186 _ 283-1988	
PAMELA MA	<b>IR</b>	at (561	ຸ 283-1988 ້	
Name of Contact Person			de & Daytime Telephone Number	
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	urtment of State:	
\$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fee & Certified Copy (Additional copy is (Additional C	□\$52.50 Filing Fee Certificate of Status Certified Copy	
	Authrophyl	(1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	is enclosed)	
Mailing Address Amendment Section			Address ment Section	
	sion of Corporations		n of Corporations	
	Box 6327		Building	
Tallahassee, FL 32314		2661 Executive Center Circle Tallahassee, FL 32301		

## Articles of Amendment



NATIVUS	HAIR	& SKIN,	CORP
---------	------	---------	------

Articles of Amendment to Articles of Incorporation of 11 DEC 30 PM 4: 38

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

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

(Name of Corporation as Currently filed with the Florida Dept. of State) P11000053333

nent(s) to

The ated" or the abbrevion name must contains		
ated" or the abbrevion name must contain ROAD		
ated" or the abbrevion name must contain ROAD		
OAD L 33434		
=L 33434		
OAD		
SUITE 100		
FL 33434		
of the		
(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: XChange	<u>PT</u>	John Doe	
X Remove	Y	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change Add Remove	<u>VP</u>	LIJ MAX MAIR	7777 GLADES ROAD SUITE 100 BOCA RATON, FL 33434
2) Change Add Remove	<del></del>		
3 ) Change Add Remove	<del></del>		
4) Change Add Remove	<del></del>		
5) Change Add Remove			
6) Change Add Remove			

anach aaamoi	r adding additional A nal sheets, if necessary	). (Be specific)			
	<del></del>	<del>/</del>	······································		
	·	· · · · · · · · · · · · · · · · · · ·			<del></del>
		<del></del>			· · · · · · · · · · · · · · · · · · ·
			······································	<del></del>	· · · · · · · · · · · · · · · · · · ·
				<del></del>	
	· · · · · · · · · · · · · · · · · · ·				
				· · · · · · · · · · · · · · · · · · ·	
			······································		
			· · · · · · · · · · · · · · · · · · ·		
				· · · · · · · · · · · · · · · · · · ·	
<del></del>					
provisions for	ent provides for an ex implementing the ar olicable, indicate N/A)	mendment if not	fication, or cance contained in the	ellation of issued sha amendment itself:	res,
	***************************************				
			<del></del>		

The date of each amendment(s)	adoption: DECEMBER 18, 2011
Effective date if applicable:	DECEMBER 18, 2011
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	( <u>CHECK ONE</u> )
☐ The amendment(s) was/were a by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):
"The number of votes ca	st for the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
The amendment(s) was/were a action was not required.	dopted by the board of directors without shareholder action and shareholder
The amendment(s) was/were a action was not required.	dopted by the incorporators without shareholder action and shareholder
Dated_DEC	EMBER 18, 2011
Signature	Danof Mair
	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)
	PAMELA F. MAIR
	(Typed or printed name of person signing)
	OWNER
	(Title of person signing)