P11000054277

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	BROTHER'S DISTRIBUTORS INC			
DOCUMENT NUMBER:	P11000054277			
The enclosed Articles of Amenda	nent and fee are submitted for filing.			
Please return all correspondence	concerning this matter to the following:			
	HUMBERTO D JEREZ			
	Name of Contact Person			
	BROTHER'S DISTRIBUTORS INC			
Firm/ Company				
5840 S SEMORAN BLVD SUITE 5840C				
Address				
ORLANDO FL 32822				
	City/ State and Zip Code			
BROT	THERS.BEAUTYPRODUCTS@GMAIL.COM			
	il address: (to be used for future annual report notification)			
For further information concerning	at (407 575-7990			
Name of Contact 1				
Enclosed is a check for the follow	ving amount made payable to the Florida Department of State:			
	.75 Filing Fee & S43.75 Filing Fee & S52.50 Filing Fee tificate of Status (Additional copy is enclosed) S52.50 Filing Fee Certificate of Status (Certified Copy (Additional Copy is enclosed)			
Mailing Addre Amendment Se Division of Cor P.O. Box 6327 Tallahassee, FL	ction Amendment Section porations Division of Corporations Clifton Building			

Articles of Amendment to Articles of Incorporation

BROTHER'S DISTRIBUTORS INC

(Name of Corporation as currently filed with the Florida Dept. of State) P11000054277 (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 (Florida street address) New Registered Office Address: (City) (Zip Code) 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.

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)

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 Doc	
X Remove	$\underline{\mathbf{v}}$	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	VP	ESTEBANA JEREZ	14075 PORTRUSH DR
X Add			ORLANDO FL 32828
Remove			-
2) Change			
Add			
Remove			
3)Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
148	
,	
- 	
	12
provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, and in the amendment itself:
(if not applicable, indicate N/A)	
	·
	·
	·

The date of each amendment(s) add date this document was signed.	ption:	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this blo document's effective date on the Depart	ck does not meet the applicable statutory filing requirements, this dataset artment of State's records.	te will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were adopt by the shareholders was/were suff	ted by the shareholders. The number of votes cast for the amendment(s icient for approval.)
	oved by the shareholders through voting groups. The following stateme ach voting group entitled to vote separately on the amendment(s):	nt
"The number of votes cast fo	r the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
☐ The amendment(s) was/were adopt action was not required.	ed by the board of directors without shareholder action and shareholde	г
■ The amendment(s) was/were adopt action was not required.	ed by the incorporators without shareholder action and shareholder	
03/22/20 Dated	Jumperto Decez	
selected,	ector, president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court fiduciary by that fiduciary)	
·	HUMBERTO D JEREZ	
_	(Typed or printed name of person signing)	
	PRESIDENT	
_	(Title of person signing)	