P11000065268

(Re	equestor's Name)	,
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(CI	ty/State/Zip/Phone	<i>9 #)</i>
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SEGRETARY OF STATE TALLAHASSEE, PLONING

APPROVED AND FILED

C. LEWIS

DEC 3 1 2013

EXAMINER

COVER LETTER

TO: Amendment Section Division of Corporations

name of corporation: <i>Flaw</i>	less Physiques, Inc.
DOCUMENT NUMBER: P/10000	065268
The enclosed Articles of Amendment and fee are	e submitted for filing.
Please return all correspondence concerning this	matter to the following:
Exson	Rodrigues
	Name of Confact Person
	Firm/ Company
540 Sabal	
Longuard	Salu Dr. #200 Address FL 32779 City/ State and Zip Code
worldwood,	City/ State and Zip Code
<u> </u>	e used for future annual report notification)
For further information concerning this matter, p	
Exson Rodriques	at (<u>401</u>) <u>375~ 107 2</u> Area Code & Daytime Telephone Number
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount ma	de payable to the Florida Department of State:
\$35 Filing Fee Certificate of Status	
Mailing Address	Street Address Amandment 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

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Articles of Amendment to Articles of Incorporation of

13 DEC 20 PM 1:44 SECRETARY OF STATE TALLAHASSEE, FLORIDA

Flawless Physiqu	10 loc	ALCO LONG
(Name of Corporation as currently filed v		
P11000065248	mini die Latian Bepti de Sinte	
(Document Number of Cor	poration (if known)	
Pursuant to the provisions of section 607.1006, Florida Staits Articles of Incorporation:	atutes, this Florida Profit Corporation adopts the following amount	endment(s) to
A. If amending name, enter the new name of the corpo	ration:	
	The	new
	corporation," "company," or "incorporated" or the abbrev Inc," or "Co". A professional corporation name must conta reviation "P.A."	
B. Enter new principal office address, if applicable:		
(Principal office address <u>MUST BE A STREET ADDRE</u>	<u>SS</u>)	
C. Enter new mailing address, if applicable:		
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)		
		
D. If amending the registered agent and/or registered of		
new registered agent and/or the new registered office	ce address:	
Name of New Registered Agent		
-	(Florida street address)	
New Registered Office Address:	, Florida	
	(City) (Zip Code)	-
New Registered Agent's Signature, if changing Register		
I hereby accept the appointment as registered agent. I am	n familiar with and accept the obligations of the position.	
Signature of New R	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 <math>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>	<u>Name</u>	Address
1) Change		Allen Pilley	1205 Gay Street Apopka, Fi 32703
Remove	- 1	Jimenez-Lopez Irma Bonzy	
2) Change		Irma Kong	5646 Rywood Dr Orlando 32810
Remove 3) Change		-	
Add			
4) Change		<u> </u>	
Remove			
5) Change			
Remove			
6) Change		_	
Remove			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific) (Be specific)	
	<u></u>
	<u> </u>
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)	
N/A	

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The date of each amendment(s) adoption date this document was signed.	* 13 DEC 20 PH 1: 44	, if other than the
Effective date <u>if applicable</u> :	SECRETARY OF STATE (no more than 90 days after amendment file date)	_
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were adopted by by the shareholders was/were sufficient	the shareholders. The number of votes cast for the amendment(s) for approval.	
	by the shareholders through voting groups. The following statement of the properties of the shareholders through voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the	amendment(s) was/were sufficient for approval	
by	(voting group)	
The amendment(s) was/were adopted by action was not required.	the board of directors without shareholder action and shareholder	
The amendment(s) was/were adopted by action was not required.	the incorporators without shareholder action and shareholder	
Dated	1/13	
selected, by an	president or other officer – if directors or officers have not been incorporator – if in the hands of a receiver, trustee, or other court ciary by that fiduciary)	_
	Allen Pilley (Typed or printed name of person signing)	_
	Via Prisident	_
	(Title of person signing)	-