Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H17000282240 3)))



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17 of 1	Electronic Filing Menu Corporate Filing Menu Help	OCT 2.7 2017

of i

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COVER LETTER

TO: Amendment Sec Division of Cor			
NAME OF CORPO	RATION: P&N BODY SH	OP INC	_
DOCUMENT NUM	BER: P11000070309		
The enclosed Articles	of Amendment and fee are s	submitted for filing.	<u> </u>
Picase return all corre	espondence concerning this m	atter to the following:	
	CIRILO MALDONADO		
		Name of Contact Pers	on
		Firm/ Company	
	13051 NW PORT SAID RD	UNIT 16	
		Address	
	OPA LOCKA, FL 33054-49	987	
		City/ State and Zip Co	de
PLU	ZQUINOSF@HOTMAIL.CO	nM	
		sed for future annual repor	
		neo for fatere annian repor	c nouncation)
For further information	oncerning this matter, plea	se call:	
PEDRO LUZQUINO	s		655-8413
Name (of Contact Person	Area Co	nde & Daytime Telephone Number
Enclosed is a check for	the following amount made		
S35 Filing Fee	Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ame Divis P.O.	ing Address adment Section ion of Corporations Box 6327 hassee, FL 32314	Ameno Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle

Tallahassee, I/L 32301

Articles of Amendment to Articles of Incorporation

	of	
&N BODY SHOP INC		
(Name	of Carporation as currently filed with the	Florida Dept. of State)
1000070309		
	(Document Number of Corporation (if	known)
rsuant to the provisions of section 60. Articles of Incorporation:	7.1006, Florida Statutes, this Florida Profit C	orporation adopts the following amendment(s)
If amending name, enter the new n	name of the corporation:	
N. BODY SHOP, INC		
rd "churtered," "professional associa		The new or "incorporated" or the abbreviation and corporation name must contain the
Enter new principal office address incipal office address MUST BE A S	if applicable:	
The state of the s		20
The same of the sa		
Enter new mailing address, if appl (Mailing address MAY BE A POST	icable: OFFICE ROY	
<u></u>		law and
		
		•
If amending the registered court		200
new registered agent and/or the new	nd/or registered office address in Florida, er	iter the name of the
Name of New Registered Agent	CIRILO MALDONADO	
	13051 NW PORT SAID RD UNIT 16	
	13051 NW PORT SAID RD UNIT 16	
	(Florida street address) OPA LOCKA	33054 4097
New Registered Office Address:	(Florida street address)	, Florida

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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 afficer/director title by the first letter of the affice 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	PΤ	John Doe	
X Remove	<u>v</u>	Mike Jones	
_X Add	<u>sv</u>	Sully Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
I) Change	<u>v</u>	MALDONADO, OSCAR	1758 NE 174 STREET
Add X Remove			MIAMI, FL 33162
2) Change			
Add			
3) Change			
Add Remove			
4) Change Add			
Кепноче			
5) Change Add			
Remove			
6) Chunge			
Remove			

th Amendment provides for an exchange, reclassification, or cancellation of issued shares, avisions for implementing the amendment if not contained in the amendment itself: (if not applicable, inducate N/A)	Samending or adding addit attach additional sheets, if ne	ecessary).	(Be specific)				
The supplier of the supplier o							
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The supplier of the supplier o							<u> </u>
	TO THE PARTY OF TH	THE AUDUMN	ge, reclassification nent if not conta	on, or cancellation	on of issued sl adment itself:	iares,	
				_	-		<u> </u>
						 -	

The date of each amendment(s) ado	10/25/2017	
date this document was signed.	pnou:	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 Depa	ck does not meet the applicable statutory filing requirements, this date will ortment of State's records.	ll not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopte by the shareholders was/were suffice	ed by the shareholders. The number of votes east for the amendment(s) cient for approval.	
☐ The amendment(s) was/were appro- must be separately provided for ea	ved by the shareholders through voting groups. The following statement ich voting group entitled to vote separately on the amendment(s);	
	the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voling group)	
	ed by the board of directors without shareholder action and shareholder	
The amendment(s) was/were adopte action was not required.	ed by the incorporators without shareholder action and shareholder	
10/25/2017 Dated		
Signature _ Cin	Lo Maldonado	
selected, by	tor, president or other officer – if directors or officers have not been y an incorporator – if in the hands of a receiver, trustee, or other court fiduciary by that fiduciary)	_
CII	RILO MALDONADO	
_	(Typed or printed name of person signing)	
PR	ESIDENT	
_	(Title of person signing)	

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