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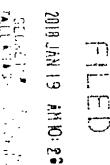
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I ALBRITTON

COVER LETTER

Division of Corporations Bliss Vermanent Cosmetics P11000081182 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Firm/ Company Address

Riverview FL 33579

City/ State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (<u>\$13</u>) <u>847 - 4616</u> Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □\$43.75 Filing Fee & **□\$43.75** Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) **Mailing Address** Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301

* Business Name Change &

TO: Amendment Section

Articles of Amendment

Articles of Inco	rooration	<u>ر</u> ے
of	i poi accon	20 B N
Bliss Permanent Cosmetics	Inc	
(Name of Corporation as currently	filed with the Florida Dept. of St	ite) - O
P11000081182		7 C
(Document Number of C	Corporation (if known)	Ó
Pursuant to the provisions of section 607,1006, Florida Statutes, this F its Articles of Incorporation:	lorida Profit Corporation adopts th	ne following amendment(s) to
A. If amending name, enter the new name of the corporation:		
Blissologie Inc.		The new
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Cword "chartered," "professional association," or the abbreviation "P	lo". A professional corporation n	or the abbreviation ame must contain the
B. Enter new principal office address, if applicable:	Same.	NA
(Principal office address MUST BE A STREET ADDRESS)		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Same	NA
D. If amending the registered agent and/or registered office address: Name of New Registered Agent Name of New Registered Agent	ss in Florida, enter the name of th	<u>ne</u>
	. 11 \	
(Florida stree	et address)	ia
((City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar wi		position.
Signature of New Re	gistered Agent, if changing	

* Just changing business name.

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>PFD.

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>Y</u>	Mike Jones		
<u>X</u> Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	Name	1.	Address
1) Change			NIA	
Add				
Remove			1 / 2	
2) Change			JIA	
Add				
Remove				
3) Change			······································	
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change		<u> </u>		
Add				
Remove				

	ets, if necessary).	(Be specific)			
	λ	V/A			
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a umandment pr	avidae fan an avel	hange, reclassification	or cancellation of	icenad charae	
	ementing the ame	endment if not contain			
<u>uvisions for imple</u>	e, indicate N/A)				
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ovisions for impli (if not applicabl		W// 1			

The date of each amendment(s) adopt	ion: 1/1/e/18	if other than the
date this document was signed.		
Effective date if applicable:	1/14/18	
Interve date in appropriate.	(no more than 90 days after amendment file o	iate)
Note: If the date inserted in this block document's effective date on the Depart	c does not meet the applicable statutory filing requirer ment of State's records.	nents, this date will not be listed as th
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
the amendment(s) was/were adopted by the shareholders was/were suffici	d by the shareholders. The number of votes cast for the ient for approval.	amendment(s)
	ed by the shareholders through voting groups. The follow the voting group entitled to vote separately on the amend	
	the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were adopted action was not required.	d by the board of directors without shareholder action a	nd shareholder
The amendment(s) was/were adopted action was.not required.	d by the incorporators without shareholder action and sl	hareholder
Dated	1/18/18	
Signature	Landy Capalle	
	tor, president or other officer - if directors or officers h	
· · · · · · · · · · · · · · · · · · ·	y an incorporator – if in the hands of a receiver, trustee, fiduciary by that fiduciary)	, or other court
арухиней		
	Sandra Caballer	ΰ
	(Typed or printed name of person signing)	
	Paralata	
	(Title of person signing)	
	(ride of person signing)	