P110000 89910

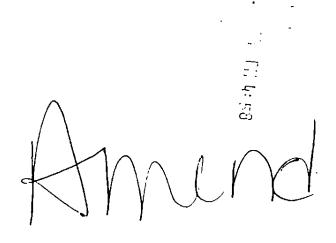
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	ATION: NEO PARTNERS	-	
DOCUMENT NUMBE	P11000089910		
The enclosed Articles of	Amendment and fee are su	bmitted for filing.	
Please return all correspond	ondence concerning this ma	tter to the following:	
		OREN BEN HAROSH	
_		Name of Contact Person	
	NEO	PARTNERS dba NEO NAILS, INC.	
_		Firm/ Company	
	420	6 SW 8TH STREET SUITE 67	
_		Address	_
		MIAMI, FL 33130	
-		City/ State and Zip Code	
	Ol	FFICE@NEO-NAILS.COM	
	E-mail address: (to be us	sed for future annual report notification)	
	concerning this matter, pleas	se call: at (
Name of	Contact Person	Area Code & Daytime Telephone Nun	nber
Enclosed is a check for t	the following amount made	payable to the Florida Department of State:	
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy (Additional copy is enclosed) □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Amen Divisi	ng Address dment Section on of Corporations Box 6327	Street Address Amendment Section Division of Corporations Clifton Building	

Articles of Amendment to Articles of Incorporation of

NEO PARTNERS, INC.

(Name of Corporation as currently filed with the Florida Dept. of State) P11000089910 (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) 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:

 $P = President; V \neq Vice President; T \neq Treasurer; S \neq Secretary; D \neq Director; TR \neq Trustee; C \neq Chairman or Clerk; CEO \neq Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.$

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 Doe	
X Remove	$\underline{\mathbf{V}}$	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change	VP	AYALON MORALI	271 SW 30TH ROAD
X Add			MIAMI, FL 33129
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)	rticles, enter change(). (Be specific)			
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				_
If an amendment provides for an ex	change, reclassificat	ion, or cancellation	of issued shares,	
provisions for implementing the an	nendment if not cont	ained in the amendr	nent itse <u>it:</u>	
(if not applicable, indicate N/A)				
(if not applicable, indicate N/A)				
(if not applicable, indicate N/A)				
(if not applicable, indicate N/A)			_	
(if not applicable, indicate N/A)				
(if not applicable, indicate N/A)				
(if not applicable, indicate N/A)				
(if not applicable, indicate N/A)				
(if not applicable, indicate N/A)				

The date of each amendment(s) ac	loption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bedocument's effective date on the De	lock does not meet the applicable statutory filing requirements, this department of State's records.	ate will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were add by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amendment flicient for approval.	,s)
☐ The amendment(s) was/were app must be separately provided for	proved by the shareholders through voting groups. The following statem each voting group entitled to vote separately on the amendment(s):	cent
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
,	(voting group)	
action was not required.	opted by the board of directors without shareholder action and sharehold	ler
☐ The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and shareholder	
Dated	a-19-19	
(By a c	firector, president or other of ficer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other conted fiduciary by that fiduciary)	urt
	OREN BEN HAROSH	
	(Typed or printed name of person signing)	-
	PRESIDENT 2 3	
	(Title of person signing)	