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COVER LETTER

Division of Corporations
NAME OF CORPORATION: JOSOP Raw Beauty Incoment number: P110000 93916
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following: Les Ly Warme of Contact Person
Firm/ Company 17435 Orange BlVd Address Loxanatchee FL 33470 City/ State and Zip Code JB Beauty Olve, Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call: Les 14 Lymonths at (646) 319.3007
Name of Contact Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State:
S35 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) Certified Copy (Additional Copy is enclosed)

Mailing Address

TO: Amendment Section

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

	Articles of Amendment	ru ch
	to Articles of Incorporation	FRED
	of	2014 MAY 22 PM 2: 03
Jadore 1	haw Beauty I	- MC - CONTROL STATE
(Name of Corporation as curr	ently filed with the Florida Dept. of	State) KALLAHASSEE, FLORIDA
P 11 000	093916	<u> </u>
(Document Nu	mber of Corporation (if known)	
Pursuant to the provisions of section 607.1006 its Articles of Incorporation:	, Florida Statutes, this <i>Florida Profit</i> (Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of	of the corporation:	
Tand	Jadore Baw	Beaute, Inthe new
name must be distinguishable and contain a "Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association."	"Corp," "Inc," or "Co". A profes	
B. Enter new principal office address, if app (Principal office address MUST BE A STREE		
	/	
C. Enter new mailing address, if applicable		
(Mailing address MAY BE A POST OFF)	ICE BOX	
	/	
	/	
D. If amending the registered agent and/or		enter the name of the
new registered agent and/or the new reg	istered office address:	
Name of New Registered Agent		
		<u>.</u>
	/ (Florida street address)	
/	/ 10/ Red Street Gadaress	
New Registered Office Address:		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if chang I hereby accept the appointment as registered		the obligations of the position.
and the second s	· G· ·····/	Q
/	ure of New Registered Agent, if changi	
z Signatu	ire oj New Kegisterea Agent, ij changt	ng

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 Doe	
X Remove	$\underline{\mathbf{V}}$	Mike Jones	
<u>X</u> Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
() Change			
Add Remove			
2) Change		/	
Add Remove			
3) Change			
Add Remove			
4) Change			
Add Remove			
5) Change		- /	
Add Remove	/		
6) Change			
Add			

amending or adding addition ttach additional sheets, if necessity	ssary). (Be specific)		
. <u></u>			
			
			
			
		/	
		,	<u> </u>
an amendment provides for provisions for implementing t	an exchange, reclassifica	ntion, or cancellation of iss	ued shares,
orovisions for implementing t (if not applicable, indicate)	the amendment if not con	ntained in the amendment	<u>itself:</u>
(іј погаррисавіе, іпаісаце	N/A)		
/		· · · · · · · · · · · · · · · · · · ·	

The date of each amendment(s) addate this document was signed.	loption:	, if other than the
Effective date if applicable:		
Energy date it appreads.	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amendment(s) fficient for approval.	
	roved by the shareholders through voting groups. The following statement each 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)	
	(voting group)	
The amendment(s) was/were ado action was not required.	pted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were ado action was not required.	pted by the incorporators without shareholder action and shareholder	
Dated	.16.14	
Signature	rector, president or other officer - if directors or officers have not been	
selected	d, by an incorporator – if in the hands of a receiver, trustee, or other court red fiduciary by that fiduciary)	
	(Typed or printed name of person signing)	
<	(Typea of printed name of person signing)	

(Title of person signing)