PIDODIOGIAD

(Rec	questor's Name)	
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OCT 15 2014 R. WHITE

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPOR	ATION: YOU AND	I BEAUTY LAB	CORP	
	_{ER:} P1100010642			
	of Amendment and fee are su			
Please return all corres	pondence concerning this ma	tter to the following:		
	MYRIAM CEBAL	LOS		
-		Name of Contact Person	n	
	MYRIAM CEBAL	LOS		
-		Firm/ Company		
	3363 NE 163RD	STREET SUIE	302	
-		Address	· · · · · · · · · · · · · · · · · · ·	
	NORTH MIAMI BEACH,FL 33160			
-		City/ State and Zip Cod	e	
ceb	amiya@gmail.co	m		
		sed for future annual report	notification)	
For further information	concerning this matter, pleas	e call		
ror turtuer unormation	concerning uns matter, pieas	e can.		
Myriam Ceballos		_{at (} 786	, 5129170	
Name of Contact Person			de & Daytime Telephone Number	
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:	
□ \$35 Filing Fee	■\$43.75 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)	
Amer Divis P.O.	ing Address ndment Section sion of Corporations Box 6327 hassee, FL 32314	Ameno Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle assee, FL 32301	

Articles of Amendment Articles of Incorporation of

•	FILED		
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E.	PETANS.	17	1:56

YOU AND I BEAUTY LAB CORP

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

P11000106420

ıt(s) to

F11000100420	
(Document Number of C	oration (if known)
Pursuant to the provisions of section 607.1006, Florida State Articles of Incorporation:	utes, this Florida Profit Corporation adopts the following amendme
A. If amending name, enter the new name of the cor	ation:
N/A	The new
	orporation," "company," or "incorporated" or the abbreviation nc," or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	
Principal office address <u>MUST BE A STREET ADDR</u>	(2)
	·
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	3363 NE163TH STREET
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	SUITE 802
	NORTH MIAMI BEACH,FL 33160
If amending the registered agent and/or registered new registered agent and/or the new registered of	
Name of New Registered Agent N/A	
Name of New Registered Agent	
-	Florida street address)
	·
New Registered Office Address:	(City) , Florida (Zip Code)
	(any army
New Registered Agent's Signature, if changing Regis	ed Agent:
	familiar with and accept the obligations of the position.
Signature of New	gistered 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 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)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	<u></u>	LEA BERNARDI	407 LINCOLN RD
Add Remove			
2) Change	V	VICTOR RAMIREZ	20533 BISCYNE BLVD SU
✓ Add			AVENTURA 33180
Remove			
3) Change			
Add			
			
4) Change			
Add Remove			
5) Change			
Add			
Remove			
6) Change		_	
Add			
Remove			

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

The date of each amendment(s) adoption: 07/25/2014	, if other than the
date this document was signed.	
Effective date if applicable: 07/25/2014	
(no more than 90 days after amendment file date)	_
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for 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 adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 09/25/2014	
Signature	<u></u>
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	