P12'600004045

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

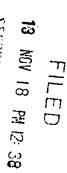




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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: JEANETTI		
DOCUMENT NUMBER: P1200000	4045	
The enclosed Articles of Amendment and fee are	submitted for filing.	
Please return all correspondence concerning this i	matter to the following:	
ANA J. BLAN	ICO	
	Name of Contact Person	
4510 BOTAN	Firm/ Company IICAL PL CIR APT 301	
NAPLES FL 3	Address 34112	
PEPITO1837@\	City/ State and Zip Code YAHOO.COM	
	e used for future annual report notification)	
For further information concerning this matter, pl	lease call:	
JOSE RODRIGUEZ	at (239) 455-8495	
Name of Contact Person	Area Code & Daytime Telephone Nun	nber
Enclosed is a check for the following amount made	de payable to the Florida Department of State:	
■ \$35 Filing Fee & Certificate of Status		
Mailing Address 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 Articles of Incorporation

JEANETTE SKIN CARE STUDIO CORP

(Name of Corporation as currently filed with the Florida Dept. of State) P12000004045

(Document Number of Corporation (if known)

Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>I</i> its Articles of Incorporation:	Torida Profit Corporation adopts the following a	amendm	ent(s
A. If amending name, enter the new name of the corporation: METAMORPHOSIS BY JEANETTE	E BLANCO CORP	he nev	w
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Coword "chartered," "professional association," or the abbreviation "I	Co". A professional corporation name must co.	reviatio ntain th	n e
B. Enter new principal office address, if applicable:	4510 BOTANICAL PL CIR APT 301		
(Principal office address MUST BE A STREET ADDRESS)	NAPLES FL 34112		
		ಪ	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	4510 BOTANICAL PL CIR APT 301	NGV	<u> </u>
	NAPLES FL 34112		
	***	圣	
	703 Fig. 2	<u>'</u>	
D. If amending the registered agent and/or registered office address: new registered agent and/or the new registered office address:		ယ	
Name of New Registered Agent			
(Florida stre	ot address)		
· ·			
New Registered Office Address:(City)	, Florida(Zip Code)		
	,		
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w	ith and accept the obligations of the position.		
Signature of New Registered A	gent, 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 Do	<u>e</u> ,	
X Remove	<u>V</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change		_		
Add Remove				
2) Change		_		
Add				
Remove				
3) Change	_	_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add			•	
Remove				
6) Change				
Add				
Remove				

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
<u> </u>	
.,	
	
If an amendment provides for an excl provisions for implementing the ame (if not applicable, indicate N/A)	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
(y noi applicable, malcule mn)	
	A. 84-10-10-11

The date of each amendment(s) adoption: 11/01/2013	, if other than the
date this document was signed. Effective date if applicable: 11/01/2013	
(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)	
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	
Signature (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)	
ANA J. BLANCO	<u>-</u>
(Typed or printed name of person signing)	
PRESIDENT	<u></u>
(Title of person signing)	