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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	DRATION: JADE BEAUT	Y CLINIC, INC	
DOCUMENT NUN	P12000023214		
The enclosed Article	es of Amendment and fee are su	abmitted for filing.	
Please return all corr	respondence concerning this ma	atter to the following:	
	MARIANA ROBERTS		
		Name of Contact Person	1
		Firm/ Company	
	255 Evernia st apt 81	6	
		Address	
	West Palm Beach, FL	. 33401	
		City/ State and Zip Cod	e
ma	ariana@jadebeautyclinic	c.com	
	•	sed for future annual report	notification)
For further informati	on concerning this matter, pleas	se call:	
Mariana Rober	ts	954	261-0546
Name	e of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check	for the following amount made	payable to the Florida Depa	artment of State:
S35 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)
\sim \sim \sim \sim \sim	ailing Address nendinent Section vision of Corporations D. Box 6327 Illahassee, FL 32314	Amend Divisio Clifton 2661 E	Address ment Section on of Corporations Building executive Center Circle assee, FL 32301

Articles of Amendment Articles of Incorporation of

JADE BEAUTY CLINIC, INC

	Articles of		
,	Articles of In	corporation	ANTINE AND AND SELVE
JADE BEAUTY CLINIC, INC			19. My
	s currently filed with the	Florida Dept. of State	The Sign
P12000023214			261
(Docume	nt Number of Corporation (if known)	TO A
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, this	Florida Profit Corpor	ation adopts the following amendme
A. If amending name, enter the new n	ame of the corporation:		
name must be distinguishable and cor "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associate. B. Enter new principal office address,	nation "Corp," "Inc," or ation," or the abbreviation if applicable:	"Co". A professional	
(Principal office address <u>MUST BE A S</u>			
C. Enter new mailing address, if appl (Mailing address MAY BE A POST		Mariana Robe	rts
(255 Evernia st	apt 816
		West Palm Be	ach, FL 33401
D. If amending the registered agent an new registered agent and/or the ne		<u>s:</u>	the name of the
Name of New Registered Agent			
	16001 Collins Ave a	·	
New Registered Office Address:	Sunny Isles Beach	reet address),	33160 Florida
	(City,	•	(Zip Code)
New Registered Agent's Signature, if continued in the second seco	terda agent. Tam familiar	with and accept the ob	ligations of the position.
	gnodure 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 = 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> Jo	hn Doe	
_			
X Remove	<u>V</u> <u>M</u>	ike Jones	
X Add	<u>SV</u> <u>Sa</u>	lly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) X Change Add Remove	<u>P</u>	Raysa Campusano	16001 collins ave #1403 sunny isles beach, fl 3316
2) Change Add Remove		Esmeralda Ayon	Av. tepeyac #4850 interior 107 entre av. patria y sant 45050 zapopan, jalisco, M
Change Add Remove		Victor Ayon	16001 collins ave apt 1403 sunny isles beach, fl 3316
4) Change Add Remove			
5)Change Add Remove			
6) Change Add Remove			



	nal sheets, if necessary).	(Be specific)			
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	ent provides for an eyel	hange, reclassifica	tion, or cancellat	on of issued shares	٠.
an amendme	cht provides for an exer		tained in the ame	<u>nament itsen:</u>	
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The date of each amendment(03/27/2012		
	03/27/2012		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)		
Adoption of Amendment(s)	(CHECK ONE)		
☐ The amendment(s) was/were by the shareholders was/were	e adopted by the shareholders. The number of votes cast for the amendment(s) re sufficient for approval.		
	e approved by the shareholders through voting groups. The following statement d 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)		
action was not required.	e adopted by the board of directors without shareholder action and shareholder adopted by the incorporators without shareholder action and shareholder		
Dated Signature	Proy		
sel	y a director, president or other officer – if directors or officers have not been ected, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)		
	Raysa Campusano		
	(Typed or printed name of person signing)		
	President		
	(Title of person signing)		