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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Body Language Art Stydio Inc.				
DOCUMENT NUMBER: <u>P12000032536</u>				
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Stacey Smith Name of Contact Person				
Body Language Firm/Company				
10973 Overseas Hwy				
Marathon, FL 33050 Apt. 45 City/ State and Zip Code				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Stacey Smith at (305) 942-3107 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 Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) Certified Copy (Additional Copy is enclosed)				
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle				

Tallahassee, FL 32301

Articles of Amendment to

Articles of Incorporation FILED

Body Language Art Stud	io Inc.
(Name of Corporation as currently	filed with the Finda Hot 26 (Stee)
PIAOOO3 (Document Number of	Corporation (if FALWAHASSEE, FLORIDA
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	Clorida Profit Corporation adopts the following amendment(s):
A. If amending name, enter the new name of the corporation:	
A/A	The new
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	" "company," or "incorporated" or the abbreviation of the Aprofessional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	<u>N/A</u>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A
D. If amending the registered agent and/or registered office address: new registered agent and/or the new registered office address:	ess in Florida, enter the name of the
Name of New Registered Agent N/A	
NJA	
(Florida stree	et address)
New Registered Office Address:	, Florida
	снуу (глр Сойг)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with the second se	ith and accept the obligations of the position.
Signature of New Re	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)	<u>Title</u>	<u>Name</u>	Address
1)Change	P	Rachel Glover	240 43rd St. GUIF
Add Remove			Marathon, FL 33050
2) Change	P	Stacey Smith	6973 Overseas Hwy Marathon, FL 33050
Remove			Ap4.45
3) Change			
Remove			
4) Change Add			
Remove			
5) Change			
Add Remove			
6) Change			
Add			

If amending or adding additional Art (Attach additional sheets, if necessary).	(Be specific)
N/A	
-	
	
	
If an amendment provides for an excl	nange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
N/A	
13/ /2	
	-
	

The date of each amendment(s) adoption:	, if other than the
Effective date if applicable: AUGUST 1, 2019 (no more than 90 days after amendment file date)	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this document's effective date on the Department of State's records.	date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendme by the shareholders was/were sufficient for approval.	nt(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following state must be separately provided for each voting group entitled to vote separately on the amendment(s):	ement
"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.	older
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated July 22, 2019 Signature Roull Olovu	
Signature Raylul Olovu	
(By a director, president or other officer - if directors or officers have not be	
selected, by an incorporator – if in the hands of a receiver, trustee, or other c	ourt
appointed fiduciary by that fiduciary)	
Rachel Glover	
(Typed or printed name of person signing)	
President	
(Title of person signing)	