P12000041390

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DIVISION OF CORPORATIONS

Mand Chs 05/3/12

COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: KCS COSMETICS, INC. DOCUMENT NUMBER: P12000 41390 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: YAIR COHEN Name of Contact Person KCS COSMETICS INC Firm/ Company 643 HIBISCUS DRIVE Address HALLANDALE, FLORIDA 33009 City/ State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (954) 793-6154

Area Code & Daytime Telephone Number YAIR COHEN Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: **\$35** Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status: Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Street Address Mailing Address

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

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

Articles of Amendment to Articles of Incorporation of

KCS COSMETICS INC		
(Name of Corporation as currently filed with the Flo	orida Dept. of State)	
P12-0000 413 90		
(Document Number of Corporation (if h	known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Fi</i> its Articles of Incorporation:	lorida Profit Corporation adopts the following	; amendment(s) to
A. If amending name, enter the new name of the corporation:		
SCK COSMETICS INC		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 "P.	" "company," or "incorporated" or the ab o". A professional corporation name must c	breviation
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		- E
(Mutting dutiess MAT BE AT UST OFFICE BUA)		Sione 2 H
		7 97
		6 6
D. If amending the registered agent and/or registered office addressiness registered agent and/or the new registered office address:	ss in Florida, enter the name of the	12 MAY 16 AM 8: 47
Name of New Registered Agent		5 %
- CDL - L		
(Florida stree	a aaaress)	
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 wi		

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>	' <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	 , .	<u> </u>			

(attach additiona	dding additional Art I sheets, if necessary).	(Be specific)	meciai nei c.		
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<u> </u>					
provisions for i	t provides for an exc mplementing the am	hange, reclassi endment if not	fication, or canc	ellation of issued amendment itse	shares, lf:
(if not appli	icable, indicate N/A)				
			,		
					·
				· · · · · · · · · · · · · · · · · · ·	
				·	

The date of each amendment(s) adoption: U5/11/2012		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were adopted by the shareholders was/were sufficient	y the shareholders. The number of votes cast for the amendment(s) t for approval.	
	by the shareholders through voting groups. The following statement 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)	
	y the board of directors without shareholder action and shareholder	
■ The amendment(s) was/were adopted by action was not required.	y the incorporators without shareholder action and shareholder	
Dated 05/11/2012	2	
selected, by an	president or other officer – if directors or officers have not been in incorporator – if in the hands of a receiver, trustee, or other court action by that fiduciary)	
YAI	R COHEN	
	(Typed or printed name of person signing)	
	(Title of person signing)	