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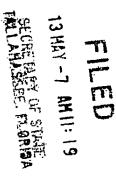
(Re	questor's Name)	· · · · · · · · · · · · · · · · · · ·
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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MAY 0 9 2013 T. ROBERTS

7.

Tallahassee, FL 32314

COVER LETTER

TO: Amendment Section Division of Corporations	- 4
NAME OF CORPORATION: OBLI	BERUTY, INC.
DOCUMENT NUMBER: P12000	049538
The enclosed Articles of Amendment and fee are subm	itted for filing.
Please return all correspondence concerning this matter	to the following:
	HANE MAW Name of Contact Person
OBLI E	Firm/Company
	o W. DixiE Hwy.
	Address
	City/ State and Zip Code
SHAWNFL 1 E-mail address: (to be used	for intire annual report notification)
For further information concerning this matter, please c	all:
SHRAGA BRIEMA	at (786) 853-5085 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made pay	able to the Florida Department of State:
\$35 Filing Fee \$\Bigcup \\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed) S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
<u>Mailing Address</u> Amendment Section	Street Address Amendment Section
Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building
r.U. DOX 0347	CITION DOMORIĂ

2661 Executive Center Circle

Tallahassee, FL 32301

	Articles of Amendment to	•	
	Articles of Incorporation	FILED	
•	of	10	
OBLI BEAU	TY, INC. notive filed with the Florida Dept. of St. 9538	13 MAY -7 AMIL!	q
(Name of Corporation as curre	ntly filed with the Florida Dept. of St	nte) SECRETARY CO. ST.	
41200004	9538	ASSET FLORID	A
(Document Num	ber of Corporation (if known)	. 10	-m
Pursuant to the provisions of section 607.1006, its Articles of Incorporation:	Florida Statutes, this <i>Florida Profit Cor</i>	poration adopts the following ac	nendment(s) to
A. If amending name, enter the new name of	the corporation:		
		Th	
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association,"	"Corp," "Inc," or "Co". A profession	or "incorporated" or the abbre nal corporation name must con	eviation tain the
B. Enter new principal office address, if app (Principal office address MUST BE A STREE			
(1 ratiopal gy) (c that the <u>PACES PER 1923 CO.</u>			
C. Enter new mailing address, if applicables (Mailing address MAY BE A POST OFFICE)			
-			
	 		
D. If amending the registered agent and/or r		ter the name of the	
new registered agent and/or the new regi	stered office address:		
Name of New Registered Agent			
	(Florida street address)		
New Registered Office Address:		, Florida	
	(City)	(Zip Code)	
			
New Registered Agent's Signature, if changing I hereby accept the appointment as registered a	ug Kegistered Agent: igent. I am familiar with and accept th	e obligations of the position.	
V	•	- · ·	
Sionahu	re 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>	John De	<u>oe</u>		
X Remove	<u>V</u>	Mike Jo	<u>ones</u>		
X Add	<u>sv</u>	Sally Si			
Type of Action (Check One)	Title		Name	<u>Addres</u> s	
1)Change	S	_	NIZA A. CHARABATI	20944 N.E.37	Ave
AddX Remove			NIZA A. CHARABATI	AVENTURA, FL. 33180	
2) Change					
Add					
Remove				-	
3)Change		_			
Add					
Remove					
4) Change		_			
Add					
Remove					
5) Change		_			
Add					
Remove					
δ) Change		_			
Add					
Remove					

Attached is a	form for	filing Article	s of Amendment	t to amend	the article
ritiaciica is a	IOI III IOI	TITLE TELLICIO	2 Of Little Health of the		uic ai neic

	sheets, if necessary).	(Be specific)	(s) <u>here</u> :		
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			<u></u>	·=	
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			tion, or cancellatio	n of issued shares.	
<u> an amendment</u>	provides for an exc	hange, reclassifica	total of the things	den en e ten elfe	
provisions for in	nplementing the am	hange, reclassifica endment if not con	tained in the amen	dment itself:	
provisions for in	nplementing the ameable, indicate N/A)	endment if not con	tained in the amen	dinent itself:	
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provisions for in	nplementing the ameable, indicate N/A)	endment if not con	tained in the amen	dment itself:	

The date of each amendment(s) adopt	tion: 4 19 2013
Effective date <u>if applicable</u> :	4/19/2013
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were adopted by the shareholders was/were suffici	d by the shareholders. The number of votes cast for the amendment(s) ient for approval.
	ed by the shareholders through voting groups. The following statement th 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)
	(rossing 8 rossity
The amendment(s) was/were adopted action was not required.	d by the board of directors without shareholder action and shareholder
action was not required.	d by the incorporators without shareholder action and shareholder
DatedBv	19/13
Signature . By	emen SC
(By a direct selected, by	tor, president or other officer – if directors or officers have not been y an incorporator – if in the hands of a receiver, trustee, or other count fiduciary by that fiduciary)
	SHRAGA BRIEMAN (Typed or printed name of person signing)
	Poes
•	(Title of person signing)