P12000092199

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SECRETARY OF STATE
SALIVANASSEE FLORIO.

C.M. 8-25-14

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: FION'S BEAUTY, INC.

DOCUMENT NUMBER: P12000092199

The enclosed Articles of Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

PILAR REHARD

Name of Contact Person

FION'S BEAUTY, INC.

Firm/ Company

110 N FEDERAL HWY, APT 1005

Address

FORT LAUDERDALE, FL 33301

City/ State and Zip Code

pilarrehard@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Pilar Rehard

Name of Contact Person

at (817) 915-3913 Or 8/7-9/5-////
Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

□ \$35 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)

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

FION'S BEAUTY, INC
(Name of Corporation as currently filed with the Florida Dept. of State)

P12000092199

(Document Number of Corporation (if known)

dment(s) to

name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." 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) APT 1005 FORT LAUDERDALE, FL 33301 D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent 110 N FEDERAL HWY APT 1005 (Florida street address) Fort Lauderdale Fort Lauderdale (City) Florida (City) Florida Florida (City) Florida Florida (City) Florida Florida (City)	A. If amending name, enter the new name of the c	NIA	The nev
Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) APT 1005 FORT LAUDERDALE, FL 33301 D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent PILAR REHARD 110 N FEDERAL HWY APT 1005 (Florida street address)	"Corp.," "Inc.," or Co.," or the designation "Corp	Inc," or "Co". A professional corporation name	the abbreviatio
APT 1005 FORT LAUDERDALE, FL 33301 D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent PILAR REHARD 110 N FEDERAL HWY APT 1005 (Florida street address)		ss) N/A	
APT 1005 FORT LAUDERDALE, FL 33301 D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent PILAR REHARD 110 N FEDERAL HWY APT 1005 (Florida street address)			
APT 1005 FORT LAUDERDALE, FL 33301 D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent PILAR REHARD 110 N FEDERAL HWY APT 1005 (Florida street address)		110 N FEDERAL HWY	
D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent PILAR REHARD	13113 2-13 103 103 103 103 103 103 103 103 103 1	APT 1005	**************************************
Name of New Registered Agent 110 N FEDERAL HWY APT 1005 (Florida street address)		FORT LAUDERDALE, FL 33	 301 ·
Name of New Registered Agent 110 N FEDERAL HWY APT 1005 (Florida street address)			
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110 N FEDERAL HWY APT 1005 (Florida street address)	PII AR	<u></u>	
		DERAL HWY APT 1005	
New Registered Office Address: Fort Lauderdale , Florida 33301 (City) (Zip Code)			
(City) (Zip Code)	New Registered Office Address: Fort L	derdale Florida 33301	
	rew registrea Office Address.	(City) (Zip Cod	le)

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:	оте, или ои	ny omini, or us an Aua.	58 A T
X Change	<u>PT</u>	John Doe	E TO WEEKEN
X Remove	<u>V</u>	Mike Jones	888 6 ₹** 886 2 111
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address ORIDA
1) Change	Р	XIMENA GIL SCELSO	2029 HARRISON STREET
Add			BAY 6
Remove			HOLLYWOOD, FL 33020
2) Change	P	PILAR REHARD	100 N FEDERAL HWY
Add			APT 1005
Remove			FT LAUDERDALE, FL 3330
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change		<u> </u>	
Add			
Remove			
6) Change			
Add			
Remove			

amending or adding additional Articles, enter trach additional sheets, if necessary). (Be speci,	fic)	(n)
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an amendment provides for an exchange, recla provisions for implementing the amendment if i	<u>assification, or cancellation</u> not contained in the amend	i of issued shares, Iment itself:
(if not applicable, indicate N/A)		
NIA		

The date of each amendment(s) adoption: AUGUST 12, 2014	, if other than the
date this document was signed.	
Effective date if applicable: August 12, 2014 The more than 90 days after amendment file date)	
no more than 90 days after amendment file date)	<i>,</i>
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	- Angel
by	urjezektu:
	J
action was not required.	i i i i i i i i i i i i i i i i i i i
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 action and shareholder action was not required.	
Dated AUGUST 12, 2014	
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)	
XIMENA GIL SCELSO	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	