P13000013880

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TO: Amendment Sec Division of Corp				6 Mayor Million So
NAME OF CORPO	RATION: TRUE COSMETIC	CS, INC		10.50 Com
DOCUMENT NUM	BER: P13000013880			o
The enclosed Articles	of Amendment and fee are su	bmitted for filing.		
Please return all corre	espondence concerning this ma	tter to the following:	,	
	MARIANA NOVAES			
		Name of Contact Perso	n	_
	TRUE COSMETICS, INC			
		Firm/ Company		_
	16490 GATEWAY BRIDGE	DR.		_
		Address		
	DELRAY BEACH, FL 3344	6		_
		City/ State and Zip Cod	e	
FEL!	PE@RGCOSMETICS.COM			
	E-mail address: (to be us	sed for future annual report	notification)	
For further information	on concerning this matter, pleas	se call:		
MARIANA NOVAE	S	954 at (972-8101	
Name	of Contact Person		de & Daytime Telephone Numb	er
Enclosed is a check for	or the following amount made	payable to the Florida Dep	artment 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)	
Am Div P.C	endment Section rision of Corporations D. Box 6327 lahassee, FL 32314	Ameno Divisio Cliftor 2661 E	Address Iment Section on of Corporations Building Executive Center Circle assee, FL 32301	

Articles of Amendment to Articles of Incorporation of

16 11 N 30 M 10: SS

TRUE COSMETICS, INC	₹
(Name of Corpor	ation as currently filed with the Florida Dept. of State)
P13000013880	
(Doc	cument Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florits Articles of Incorporation:	rida Statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the	corporation:
	
name must be distinguishable and contain the w "Corp.," "Inc.," or Co.," or the designation "Co word "chartered," "professional association," or t	The new word "corporation," "company," or "incorporated" or the abbreviation orp," "Inc," or "Co". A professional corporation name must contain the the abbreviation "P.A,"
B. Enter new principal office address, if applica (Principal office address <u>MUST BE A STREET A</u>	
•	
	-
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE A	<i>BOX</i>)
 If amending the registered agent and/or registered agent and/or the new registered. 	stered office address in Florida, enter the name of the
	ed office address.
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
Now Desistand Agent's Signature if shough I	Desirations of A month.
New Registered Agent's Signature, if changing F I hereby accept the appointment as registered agen	t. I am familiar with and accept the obligations of the position.
•	
C;	ignature of New Paristaned 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> <u>J</u>	ohn Doe	
X Remove	<u>v</u> <u>h</u>	Mike Jones	
X Add	<u>sv</u> <u>s</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change	P	FELIPE NOVAES	5475 WILES RD
Add			COCONUT CREEK, FL 33073
X Remove			
2) X Change	P	THIAGO NOVAES	16490 GATEWAY BRIDGE DR.
Add			DELRAY BEACH, FL 33446
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
Kelliove			
6) Change			
Add		•	
Remove			

	icles, enter change(s) her (Be specific)		
			
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an amendment provides for an exchorovisions for implementing the ame (if not applicable, indicate N/A)	ange, reclassification, or ndment if not contained	cancellation of issued in the amendment itsel	<u>shares.</u> <u>f:</u>
provisions for implementing the ame	ange, reclassification, or ndment if not contained	cancellation of issued in the amendment itsel	<u>shares,</u> f <u>:</u>
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provisions for implementing the ame	ange, reclassification, of	cancellation of issued in the amendment itsel	shares,

Effective date if applicable:
(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 date will not be listed as the document's effective date on the Department of State's records.
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"
(voting group)
☐ 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 was not required.
06/21/2016
Dated
Signature Mariana October
(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)
MARIANA NOVAES
(Typed or printed name of person signing)
TREA
(Title of person signing)