## P130008074

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SECRETARY OF STATE SECRETARY OF STATE ALLAHASSEE, FLORIDA

OCT -1 2013

R. WHITE

## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: MIAMI LAS DOCUMENT NUMBER: P1300001807	SHES & SKIN CA	ARE INC			
The enclosed Articles of Amendment and fee are su					
Please return all correspondence concerning this ma	tter to the following:				
AURA AGUILERA					
	Name of Contact Person	1			
	Firm/ Company				
8835 SW 107TH	8835 SW 107TH AVE STE 322				
	Address				
MIAMI, FL. 33176					
	City/ State and Zip Code	2			
aucaputi@yahoo.cor					
E-mail address: (to be us	sed for future annual report	notification)			
For further information concerning this matter, please call:					
AURA AGUILERA at (786 ) 252-0096					
Name of Contact Person Area Code & Daytime Telephone Number		de & 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 & Centified 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	Amend Division Clifton 2661 E	Address ment Section n of Corporations Building xecutive Center Circle			

FILED 18 SEP 23 AM 8: 11

## **Articles of Amendment** to **Articles of Incorporation** of

MIAMI LASHES & SKIN CARE INC	MIAMI LASHES & SKIN CARE INC	
WIN WILL COLLEG & SIXIN STATE INS	WIN WIT ENOTIES & SIXIN STATE INS	

(Name of Corporation as currently filed with the Florida Dept. of State)

dment(s) to

P13000018074				
(Documer	nt Number of Corporation (if k	nown)		
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this Fl	orida Profit Corporation a	dopts the following amen	lme
A. If amending name, enter the new na			The	new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or "Co	o". A professional corpor		
B. Enter new principal office address, (Principal office address <u>MUST BE A S</u>				
C. Enter new mailing address, if appli (Mailing address <u>MAY BE A POST</u> )				
D. If amending the registered agent an new registered agent and/or the new		s in Florida, enter the na	me of the	
Name of New Registered Agent	OSCAR LOREZ LAR INTERNATIONAL FIRM INC		;	
	8410 WEST FLAG	LER ST STE 205	-	
	(Florida stree	•	-	
New Registered Office Address:	MIAMI (City)	, Florida	33144 (Zip Code)	
	(*****/		(,)	
New Registered Agent's Signature, if c I hereby accept the appointment as regist	hanging Registered Agent: teredfagent. I am familiar wit	h and accept the obligation	ns of the position.	
Ci	on athra of Your Phaintound An	ant of changing	<del></del>	

Signature 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 <math>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 Doc	
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
I) Change			8835 SW 107TH AVE STE 322
Add			<del></del>
Remove			
2) Change	N. S.		
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
<b></b>	
If an amendment provides for an exch	hange, reclassification, or cancellation of issued shares,
provisions for implementing the ame (if not applicable, indicate N/A)	endment if not contained in the amendment itself:
( <i>y</i> ,,,,	
-	
······	

The date of each amendment	(s) adoption: <u>09/16/2013</u>	, if other than the
date this document was signed.  Effective date if applicable:	09/16/2013	
Enecuve date ir appricable.	(no more than 90 days after amendment file date)	_
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/wer by the shareholders was/we	re adopted by the shareholders. The number of votes cast for the amendment(s) are sufficient for approval.	
	e approved by the shareholders through voting groups. The following statement d for each voting group entitled to vote separately on the amendment(s):	
	cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
☐ The amendment(s) was/wer action was not required.	re adopted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/wer action was not required.	re adopted by the incorporators without shareholder action and shareholder	
Dated 09/	/16/2013 ្	
Signature	All Sections of the section of the s	
(B se	by a director, president of other officer – if directors or officers have not been elected, by an incorporator – if in the hands of a receiver, trustee, or other court oppointed fiduciary by that fiduciary)	_
	AURA AGUILERA	
	(Typed or printed name of person signing)	_
	PRESIDENT	
	(Title of person signing)	