# P14000034819

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# **COVER LETTER**

TO: Amendment Sect Division of Corp				20 FEB 25 PM 2: 55
NAME OF CORPO	RATION: DEAD SEA MUD	DROP COSMETICS INC		
	BER: P14000034819			24
				رغي "
The enclosed Articles	of Amendment and fee are su	bmitted for filing.		Ć.
Please return all corre	spondence concerning this ma	tter to the following:		
	JODI RONEN			
		Name of Contact Persor	1	_
	JG CONSULTING SERVIC	ES, LLC		
		Firm/ Company		_
	5481 WILES RD STE 502			_
		Address		
	COCONUT CREEK, FL 330			_
		City/ State and Zip Code	2	
	JODI@ACCU-TAX.TAX			
	E-mail address: (to be us	sed for future annual report	notification)	
For further informatio	n concerning this matter, pleas	se call:		
JODI RONEN		at (	220-8270	
Name	of Contact Person	Area Co	de & Daytime Telephone Numb	per
Enclosed is a check fo	or the following amount made	payable to the Florida Depa	irtment of State:	
S35 Filing Fee	□S43.75 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)	
Am Div P.O	iling Address endment Section ision of Corporations . Box 6327 ahassee, FL 32314	Amend Divisio The Co 2415 N	Address ment Section n of Corporations entre of Tallahassee N. Monroe Street, Suite 810 essee, FL 32303	

## Articles of Amendment to Articles of Incorporation of



### DEAD SEA MUD DROP COSMETICS, INC.

(Name of Corporatio	n as currently filed with the Florida Dept.	. of State)
140000034819		رنخ
(Docume	ent Number of Corporation (if known)	
ursuant to the provisions of section 607.1006, Florida s Articles of Incorporation:	Statutes, this Florida Profit Corporation ad	opts the following amendment(s
If amending name, enter the new name of the co	rporation:	
		The new
ame must be distinguishable and contain the word "co. lnc.," or Co.," or the designation "Corp," "Inc." chartered," "professional association," or the abbrev	or "Co". A professional corporation no	
Enter new principal office address, if applicable:		
Principal office address MUST BE A STREET ADD		
		<del></del>
		<u> </u>
. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	٧,	
(Stating datess MAT BE A POST OFFICE BO)		<del></del>
. If amending the registered agent and/or register- new registered agent and/or the new registered of		<u>ae of the</u>
	7711C 4GA1 C337	
Name of New Registered Agent		
	(Florida street address)	
New Registered Office Address:		. Florida
	(City)	(Zip Code)
ew Registered Agent's Signature, if changing Regi		a colla manision
hereby accept the appointment as registered agent. I	i am jamuiar wun ana accept the omigations	s ој те рохиюн,
		•

Signature of New Registered Agent, if changing

# Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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 Doc 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	VP	LABOCK, ARNON	1001 N FEDERAL HWY #249
Add			HALLANDALE BEACH, FL 3300
X Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
P.amova			

tach additional sheets, if necessary).	(Be specific)
444	
n amendment provides for an excl	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	endment if not contained in the amendment fisen.
····-	
<del></del>	
	· · · · · · · · · · · · · · · · · · ·

The date of each amendment(s) ado date this document was signed.	ption:	, if other than the
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file dat	e)
Note: If the date inserted in this blo document's effective date on the Department.	ck does not meet the applicable statutory filing requirement of State's records.	nts, this date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were adopt action was not required.	ed by the incorporators, or board of directors without share	holder action and shareholder
☐ The amendment(s) was/were adopt by the shareholders was/were suff	ed by the shareholders. The number of votes cast for the arcient for approval,	mendment(s)
☐ The amendment(s) was/were appromust he separately provided for ea	ved by the shareholders through voting groups. The followich voting group entitled to vote separately on the amendme	ing statement ent(s):
"The number of votes cast fo	r the amendment(s) was/were sufficient for approval	
by		
1	(voting group)	
Dated	2/17/20	
Signature		
(By a dire- selected, l	etor, president or other officer – if directors or officers have by an incorporator – if in the hands of a receiver, trustee, or fiduciary by that fiduciary)	
_	(Typed or printed name of person signing)	
	(Typed or printed name of person signing)	- <del></del>
_	Diesident	
	(Pitle of person signing)	