P1400043207

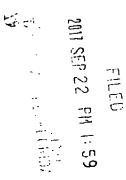
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C. GOLDEN SEP 2 5 2017

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: EYEBROW DESI	GN MIAMI, CORP		
	BER: P14000043207			
The enclosed Articles	of Amendment and fee are su	ibmitted for filing.		
Please return all corre	spondence concerning this ma	tter to the following:		
	RENATO MENDONCA			
		Name of Contact Perso	<u> </u>	
	EYEBROW DESIGN MIAM	II. CORP		
		Firm/ Company		
	824 WASHINGTON AVE	Firm Company		
		Address		
	MIAMI BEACH, FL 33139			
		City/ State and Zip Coo	le	
REN	ATO.MENDONCA@ME.CO	М		
	-	sed for future annual report	t notification)	
For further informatio	n concerning this matter, pleas			
Name	of Contact Person	Area Co	ode & Daytime Telephone Number	
Enclosed is a check fo	or the following amount made			
\$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Ame Div	iling Address endment Section ision of Corporations . Box 6327	Street Address Amendment Section Division of Corporations Clifton Building		
	ahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301		

Articles of Amendment to Articles of Incorporation of

FILED

EYEBROW DESIGN MIAMI, CORP

2017 SEP 22 PH 1:59

(Name of Corporation as currently P14000043207	filed with the Florida Dept. of State) [A1] Sec. F(CRIDA
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	dorida 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 word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "C word "chartered," "professional association," or the abbreviation "F	o". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered office address: new registered agent and/or the new registered office address:	ss in Florida, enter the name of the
Name of New Registered Agent	
(Florida stree	t address)
New Registered Office Address:	, Florida
	Tity) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar wi	th and accept the obligations of the position.
Signature of New Re	gistered 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 Doe		
X Remove	<u>V</u>	Mike Jones		
_X Add	<u>\$V</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address	
1) Change	D	RAFAEL MANSILLA AUGUSTO	824 WASHINGTON AVE	
Add			MIAMI BEACH, FL 33139	
X Remove				
2) Change	D	GUSTAVO A MENDONCA	14951 ROYAL OAKS LN #103	
X Add			NORTH MIAMI, FL 33181	
Remove				
3) Change				
Add				
Remove				
4) Change			-	
Add				
Remove				
5) Change				
Add			<u> </u>	
Remove				
6) Change				
Add				
Remove				

Attach <i>additional si</i>	ding additional Artichests, if necessary).	(Be specific)				
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f an amendment r	rovides for an exch	ange reclassific	ation or cancell	lation of issued s	haras	
provisions for imp	olementing the amer ble, indicate N/A)	ndment if not co	ntained in the a	mendment itself:	1	
(у погарриса	ote, matcute (VA)					
			<u> </u>			
						
						

The date of each amendment(s) adoption:	, if other than the
Effective date <u>if</u> applicable:	
(no more than 90 days	after amendment file date)
Note: If the date inserted in this block does not meet the applicable st document's effective date on the Department of State's records.	tatutory filing requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The numb- by the shareholders was/were sufficient for approval.	er of votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through vomust be separately provided for each voting group entitled to vote se	
"The number of votes cast for the amendment(s) was/were suffice	cient for approval
by	·"
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors withou action was not required.	nt shareholder action and shareholder
☐ The amendment(s) was/were adopted by the incorporators without sha action was not required.	archolder action and shareholder
O9/19/2017 DatedSignature	
(By a director, president or other officer – if selected, by an incorporator – if in the hands appointed fiduciary by that fiduciary)	
RENATO MENDONCA	
(Typed or printed name of	f person signing)
PD	
(Title of person	on signing)