P14000068674

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C. CARROTHERS

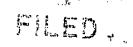
COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORAT DOCUMENT NUMBER	BEATIFULI P1400006867	Y MADE INC	····		
The enclosed Articles of A					
_					
Please return all correspon	dence concerning this mat	ter to the following.			
LA	KEENA MCGE	E			
		Name of Contact Persor	1		
		Firm/ Company			
95	41 NEWDALE	• •			
		Address	<u> </u>		
RI	VERVIEW, FL	33578			
		City/ State and Zip Code	2		
GANE	OMFINANCIAL@	@YAHOO.COM			
	-	ed for future annual report	notification)		
For further information con	neerning this matter, pleas	e call:			
LAKEENA MCC	SEE	at (813	, 380-8786		
Name of Co	ontact Person	Area Co	de & Daytime Telephone Number		
Englosed is a check for the following amount made payable to the Florida Department of State:					
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 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 Divisio Clifton	Address Iment Section on of Corporations Building xecutive Center Circle		

Tallahassee. FL 32301

Articles of Amendment to Articles of Incorporation of



BEATIFULLY MADE INC

14 AUG 27 PH 2: 22

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

P14000068674

SEGNETARY OF STATE JALLAHASSRE, FLURIDA

(Document Number of Corporation (it known)

Pursuant to the provisions of section 607.1006. Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

ime must be distinguishable and comain the word "co Corp.," "Inc.," or Co.," or the designation "Corp," "In ord "chartered," "professional association," or the abbre	eviation "P.A."
. Enter new principal office address, if applicable:	9541 NEWDALE WAY
rincipal office address <u>MUST BE A STREET ADDRESS</u>)	APT 10
	RIVERVIEW, FL 33578
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	AS STATED
	··
	ffice address in Florida, enter the name of the
If amending the registered agent and/or registered of new registered agent and/or the new registered office Name of New Registered Agent	ffice address in Florida, enter the name of the e address:
Name of New Registered Agent	ffice address in Florida, enter the name of the e address:
new registered agent and/or the new registered office Name of New Registered Agent	ffice address in Florida, enter the name of the e address:

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 Do	<u>e</u>		
X Remove	<u>V</u>	Mike Jo	nes		
_X Add	<u>sv</u>	Sally Sn	nith		
Type of Action (Check One)	<u>Title</u>		Name	•	<u>Addres</u> s
Change	VP	_	Lana	Norward	Same
Add					
Remove					
2) Change					
Add					
Remove					
3) Change					
Add					
Remove					
4) Change		_			,
Add					
Remove					
5) Change					
Add		_			
Remove					
6) Change					
6) Change		_			
Remove				•	

tach additional sheets. if necessary).	(Be specific)			
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			- 1001	
•				
·				
			 	
an amendment provides for an exch	ange reclassificatio	n or cancellation o	if iccued chares	
rovisions for implementing the ame (if not applicable, indicate N.A)	ndment if not contai	ned in the amendm	ent itself:	
(if not appreciote, minetae N 21)				
		· ·	<u> </u>	

The date of each amendment(s) ad	leption: U8/18/212	, if other than the
date this document was signed.	entropy of the second of the s	
Effective date if applicable:	(no more than 90 days after amendment file date)	_
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes east for the amendment(s) flicient for approval.	·
	roved by the shareholders through voting groups. The following statement 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	
py	(voting group)	
The amendment(s) was/were ado action was not required.	pted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were ado action was not required.	pted by the incorporators without shareholder action and shareholder	
Dated 08/25/20	014	
0	Freeva Morree	
(By a di selected	irector, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary)	
	LAKEENA MCGEE	
	(Typed or printed name of person signing)	_
	PRESIDENT	
	(Title of person signing)	