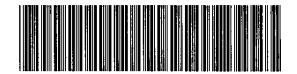


(Re	questor's Name)	
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15 FEB 13 FK 2: 52

FEB 17 2015 R. WHITE

COVER LETTER

TO: Amendment Section Division of Corporations

First Beauty Cosmetics SUBJECT:	Inc.		
P150000	Name of Corporation		
DOCUMENT NUMBER:			
The enclosed Articles of Correction and for	ee are submitted for filing.		
Please return all correspondence concerni	ng this matter to the following:		
Sandra Aviles			
Name of Contact Person			
Firm/Company			
1701 W Wetherbee RD # 771195			
Address Orlando FL 32877			
City/State and Zip Code			
secretosvm@gmail.com			
E-mail address: (to be used for future annual	report notification)		
For further information concerning this m	natter, please call:		
Sandra Aviles	786 488-1966at ()		
Name of Contact Person	Area Code & Daytime Telephone Number		
Enclosed is a check for the following amo	ount:		
■ \$35.00 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status		
□ \$43.75 Filing Fee & Certified Copy	☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy		
Mailing Address:	Street Address:		
Amendment Section	Amendment Section		
Division of Corporations	Division of Corporations		
P.O. Box 6327	Clifton Building		
Tallahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301		

Articles of Amendment to Articles of Incorporation of

FILED

First Beauty Cosmetics Inc.

15 FEB 13 PM 2: 52

(Name of Corporation as currently filed with the Florida Dept. of State)
P15000012535

(Document Number of Corporation (if known)

ASLANTASSER, LLONIA

f section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to

First Line Cosmetics Inc.	e corporation:	
ame must be distinguishable and contain the Corp.," "Inc.," or Co.," or the designation "C vord "chartered," "professional association," or	Corp," "Inc," or "Co". A p	pany," or "incorporated" or the professional corporation name mus
3. Enter new principal office address, if applications of the principal office address <u>MUST BE A STREET A</u>		N/A
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE		
(Maining address <u>mining and market</u>		
D. If amending the registered agent and/or reg new registered agent and/or the new registe		orida, enter the name of the
new registered agent and/or the new registe		
new registered agent and/or the new registe	red office address:	
new registered agent and/or the new registe	red office address; (Florida street addres:	, Florida
new registered agent and/or the new registe Name of New Registered Agent	red office address:	3)
new registered agent and/or the new registe Name of New Registered Agent	red office address; (Florida street address)	, Florida

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	<u>iith</u>				
Type of Action (Check One)	Title		<u>Name</u>	N / F	7	<u>Addres</u> s	
1) Change							
Add							
Remove							
2) Change		_					
Add							
Remove							
3) Change		_					
Add							
Remove							
4) Change		_					
Add						······································	
Remove							·
5) Change		_					
Add							
Remove							
6) Change		_		· · · · · · · · · · · · · · · · · · ·			
Add							
Remove							

nending or adding additional Arti ich additional sheets, if necessary).	(Be specific)
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amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
visions for implementing the ame (if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
(1)	
	N1/A
	N/.4
	N/.4
	N/24
	N/.4
	N/.4
	N/.4

The date of each amendment(s) adoption: 2/9/2015	, if other than the
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
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)	
(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.	
2/9/2015 Dated	
Signature Sandrie Spiles	
(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)	
Sandra Aviles	
(Typed or printed name of person signing)	····
President	
(Title of person signing)	_