P15000013680

(Re	equestor's Name)	
٠	·	
(Ac	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone #	7)
PICK-UP	☐ WAIT	MAIL
(Bı	usiness Entity Name)
(Do	ocument Number)	
Certified Copies	_ Certificates o	f Status
Special Instructions to	Filing Officer:	
ļ		

Office Use Only



500275213225

07/27/15--01004--016 **35.00

aneul



JUL 28 2015 A RAMSEY



COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: POLISHED BEAU	JTY BAR INC	4	
DOCUMENT NUM	P15000013680			
The enclosed Articles	of Amendment and fee are su	bmitted for filing.		
Please return all corre	espondence concerning this mat	tter to the following:		
	LUIS F. JACOBO			
		Name of Contact Person		
	JACOBO & ASSOCIATES I	INC		
		Firm/ Company		
	6220 W 21 CT			
	Address			
	HIALEAH, FL 33016			
		City/ State and Zip Code	2	
INF	O@JACOBOTAX.COM	1 Or Lette	seech and	
.	E-mail address: (to be us	sed for future annual report	notification)	
١.		,		
For further information	on concerning this matter, pleas	se call:		
LUIS F. JACOBO		305	556-0044	
Name	of Contact Person	at (Area Co		
Enclosed is a check for the following amount made payable to the Florida Department of State:				
\$35 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 , 2661-E	Address Iment Section on of Corporations Building executive Center Circle assee, FL 32301	

Articles of Amendment to Articles of Incorporation of

FILE

POLISHED BEAUTY BAR INC

2818 JUL 27 PM 44 06

to

P15000013680	1 as currently filed with the Florida Deptiof State) (OF STATE TALEAHASSEE, FLORIDA
(Docume)	nt Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida S ts Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following amendmen
A. If amending name, enter the new name of the corp	poration:
	The new
	"corporation." "company," or "incorporated" or the abbreviation "Inc," or "Co". A professional corporation name must contain the bbreviation "P.A."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDR	16455 NW 67TH AVE (ESS)
	MIAMI LAKES, FL 33014
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	16455 NW 67TH AVE
	MIAMI LAKES, FL 33014
). If amending the registered agent and/or registered new registered agent and/or the new registered of	
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	, Florida
	(Cuy) (Zip Code)
New Registered Agent's Signature, if changing Regist	tered Agent:
nereby accept the appointment as registered agent. Lo	um familiar with and accept the obligations of the position.
Cirmats	ura of Nove Ragistarad Agant if abanging

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> 44</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	YAMILE CASTELLANOS	16455 NW 67TH AVE
X Add			
Remove			MIAMI LAKES, FL 33014
2) Change			
Add			
Remove			
3) Change		_	
Add			
Remove			
4) Change	·		
Add			
Remove			
5) Change	<u></u>		
Add			
Remove			
6) Change		_	
Add			
Remove			

<u>lf amending or adding additional Arti</u> Attach <i>additional sheets, if necessary)</i>	(Be specific)	-		
				
	•			
				
			-	
				
				·
		<u>-,</u>		<u></u>
			•	
f an amendment provides for an exch	ange, reclassificat	ion, or cancellatio	on of issued share	·S.
provisions for implementing the amer (if not applicable, indicate N/A)	ndment if not cont	ained in the amer	ndment itself:	
(y noi uppricusie, macate (v.A)				
		· · · · · · · · · · · · · · · · · · ·		
				
				

07/21/2015	, if other than th
The date of each amendment(s) adoption: date this document was signed.	, it onice man th
Effective date if applicable:	
(no more than 90 days after amendment file date)
Note: If the date inserted in this block does not meet the applicable statutory filing requirement document's effective date on the Department of State's records.	es, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) was/were sufficient for approval.	endment(s)
The amendment(s) was/were approved by the shareholders through voting groups. The following must be separately provided for each voting group entitled to vote separately on the amendment	
"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 s action was not required.	hareholder
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required. Dated Signature	
selected, by an incorporator — if in the hands of a receiver, trustee, or cappointed fiduciary by that fiduciary)	
JANET VEGA	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	