P15000025210

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



600276341326

08/27/15--01006--019 **35.00

15 SEP 1.7 - PM 2: 1.0

SEP 1 8 2015 T CANNON

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPOR	ATION: ANGEL'S	3 BODY SKIX	1 CARE INC .		
DOCUMENT NUMB	er:P\\$	50000 <i>25210</i>	<u> </u>		
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.			
Please return all corresp	ondence concerning this mat	ter to the following:			
-	Lein	Name of Contact Person	5		
-	1339	Firm/ Company JO Address	St Apt #5		
-	Halah, Fl 330/3 City/ State and Zip Code				
	E-mail address: No be us	a mail, a mail, ed for futuke innual report	notification)		
For further information	concerning this matter, pleas	se call:			
Jeiney	Caceres		, 554. 2137		
Nam d o	f Contact Person,	Area Co	de & Daytime Telephone Number		
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:		
\$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Mailing Address		` Street			
Mailing Address Amendment Section		Street Address Amendment Section			
	ion of Corporations	Division of Corporations			
	Box 6327 hassee, FL 32314	Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301			



September 1, 2015

LEIMY CACENES 1339 W 30 ST APT #5 HIALEAH, FL 33012 US

SUBJECT: ANGEL'S BODY SKIN CARE INC

Ref. Number: P15000025210

We have received your document for ANGEL'S BODY SKIN CARE INC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

All four pages of the articles of amendment must be submitted together.

Page 3 is missing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tina D Cannon Regulatory Specialist II

Letter Number: 215A00018406

Articles of Amendment to Articles of Incorporation

nent(s) to

Pursuant to the provisions of section 607.1006, F its Articles of Incorporation:	iorida Statutes, this <i>Florida Frojit Corpo</i>	oration adopts the to	nowing amendmen
A. If amending name, enter the new name of t	the corporation:		
			The new
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "word "chartered," "professional association," o	'Corp," "Inc," or "Co". A professiona		
B. Enter new principal office address, if appli (Principal office address MUST BE A STREET			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC	E BOX)		
	·		
D. If amending the registered agent and/or re		r the name of the	
new registered agent and/or the new regist	tered office address:		<u>5</u>
Name of New Registered Agent			SEP 17 PH
	}		
	(Florida street address)		2
New Registered Office Address:		, Florida	(Zip Code)
	(City)		(Zip Code) 5
New Registered Agent's Signature, if changing			
I hereby accept the appointment as registered ag	gent. I am familiar with and accept the o	bligations of the pos	ition.
			*

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>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	NP	Leiney Cacres Jalilo	4715 NW 57 St
Add		l	Apt 304. Miami Gardeau, Fi 33
Remove			Miami Garden, the 33
2) Change			
Add		•	
Remove			15 C
3) Change			SEP I
Add		:	SSEE T
Remove			
4) Change	,		TATE ORIDA 2: 49
Add			
Remove			
5) Change			·
Add	_		
Remove			
0 01			
6) Change			
Add			
Remove			

tach additional sheets, if necessary). (Be specific)	
		
		•
	,	
.		
	<u> </u>	
	-	
.		
<u>.</u>		
	,	L
	;	5
		SEP
an amendment provides for an exchar rovisions for implementing the amend	nge, reclassification, or cancellation of issued shares, Iment if not contained in the amendment itself:	
(if not applicable, indicate N/A)		7
		±
	· · · · · · · · · · · · · · · · · · ·	5: 49
	;	
	; ;	

The date of each amendment(s) add	ption:	08.01.2	1015		_, if other than the
date this document was signed. Effective date if applicable:		1. 2015			
	(n	o more than 90 days afte	r amendment file date)		
Note: If the date inserted in this blo document's effective date on the Dep			ory filing requirements,	this date will	not be listed as the
Adoption of Amendment(s)	(CHEC	K ONE)			
The amendment(s) was/were adop by the shareholders was/were suff			f votes cast for the amen	dment(s)	
☐ The amendment(s) was/were appromust be separately provided for e					
"The number of votes cast for	or the amendm	ent(s) was/were sufficien	t for approval		
by	•	group)	**		
	(voting	group)			
☐ The amendment(s) was/were adop action was not required.	ted by the boa	rd of directors without sh	areholder action and sha	reholder	
☐ The amendment(s) was/were adop action was not required.	ted by the inco	orporators without shareh	older action and shareho	older	SECRE TALLAI
DatedOS	JI.	9015			P 17
Signature	Ten	5			PH S
selected,	by an incorpo	nt or other officer – if dire trator – if in the hands of that fiduciary)			STATE LORIDA 2: 49
_	(T- :-	Lechey (<u> </u>	ililo	
	(1y	•	presiden	 	
. -		(Title of person s			