P15000037849

(Re	equestor's Name)	
(Ad	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





200273036252

05/26/15--01012--011 **35.00

THE READ OF THE PARTY OF THE PA

JUN 1 2016 CLEWB

COVER LETTER

TO: Amendment Section Division of Corporations Transformational Beauty, Inc. NAME OF CORPORATION: ___ P15000037849 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Kamon Martonez
Name of Contact Person Central Florida accountants, The 933 Lee Re(# 401

Address

Orlando Ft-32810

City/ State and Zip Code mon @ Prosperity United - info
E-mail address: (16 be used for future annual report notification) For further information concerning this matter, please call: Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filling Fee □\$43.75 Filing Fee & ■\$43.75 Filing Fee & ■\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed)

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Tullahassee, FL 32314

(Additional Copy is enclosed)

Street Address

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

8

	of	15 MAY 26 PM 3: 0
Transformation	al Beauty, Inc	
	ion as currently filed with the Florid	a Dept. of State)
P 15 0 0 0 0		311.
(Docun	ment Number of Corporation (if known	1)
Pursuant to the provisions of section 607,1006. Floridatis Articles of Incorporation:	a Statutes, this <i>Florida Profit Corpora</i>	ntion adopts the following amendment(s) t
A. If amending name, enter the new name of the co	orporation:	
		The new
name must be distinguishable and contain the wor "Corp.," "Inc.," or Co.," or the designation "Corp word "chartered." "professional association," or the	o," "Inc," or "Co". A professional c	incorporated" or the abbreviation corporation name must contain the
B. Enter new principal office address, if applicable		
(Principal office address <u>MUST BE A STREET ADL</u>	DRESS)	,
		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	DV)	
(Matting duaress MAT BE A FOST OFFICE BO	<u></u>	
D. If amending the registered agent and/or registence new registered agent and/or the new registered	red office address in Florida, enter t office address:	he name of the
Name of New Registered Agent		
	(Florida street address)	
New Registered Office Address		, Florida
	(Ciţy)	(Zip Code)
•		
New Registered Agent's Signature, if changing Res I hereby accept the appointment as registered agent.		igations of the position.
•		
Sign	nature of New Registered Agent, if char	nging

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> <u>Ic</u>	<u>ohn Doe</u>	
\underline{X} Remove	<u>v</u>	Aike Jones	
<u>X</u> Add	<u>sv</u> <u>s</u>	ally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1)Change	$\overline{}$	Earnest L. Dockery	3055 Blaine Cir Del tone, Fr 32838
Add Add			Deltone, Fr 32838
. / Remove	•		
2) Change			
Add			
Remove			
3) Change			A
Add			
Remove			
4) Change			
Add			
Remove	,		
5) Change			
Add ·			
Remove			
6) Change			
Add			
Remove			

	If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)				
	· · · · · · · · · · · · · · · · · · ·			· · · · · · · · · · · · · · · · · · ·	
					*
				·	
					
*,	•				
			···		VITAL - 14 to to
	1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 /				
~					
				The state of the s	
					· · · · · · · · · · · · · · · · · · ·
		· · · · · · · · · · · · · · · · · · ·			
		-			
	-				
provisions for implei	menting the amer	ange, reclassifi ndment if not c	cation, or cancell ontained in the a	ation of issued sha mendment itself:	res,
If an amendment property of the provisions for implementable of the provisions for implementable of the provisions of the province of the prov	menting the amer	ange, reclassifi ndment if not co	cation, or cancell ontained in the a	ation of issued sha nendment itself:	res.
provisions for implei	menting the amer	ange, reclassifi ndment if not co	cation, or cancell ontained in the a	ation of issued sha mendment itself:	res.
provisions for implei	menting the amer	ange, reclassifi ndment if not c	cation, or cancell ontained in the a	ation of issued sha mendment itself:	res,
provisions for implei	menting the amer	ange, reclassifi ndment if not co	cation, or cancell ontained in the a	ation of issued sha mendment itself:	res.
provisions for implei	menting the amer	ange, reclassifi ndment if not c	cation, or cancell ontained in the a	ation of issued sha mendment itself:	res.
provisions for implei	menting the amer	ange, reclassifi ndment if not c	cation, or cancell ontained in the a	ation of issued sha mendment itself:	res.
lf an amendment pro provisions for imple (if not applicable	menting the amer	nange, reclassifi ndment if not c	cation, or cancell ontained in the a	ation of issued sha mendment itself:	res.
provisions for implei	menting the amer	ange, reclassifi ndment if not c	cation, or cancell ontained in the a	ation of issued sha mendment itself:	res,

The date of each amendment(s) adoption:	5/15/15 sprattary 0: Cittother than the
date this document was signed	DIVISION OF CONTROL than the
Effective date if applicable:	15 MAY 26 PM 3: 08
(no more that	n 90 days after amendment file date)
Note: If the date inserted in this block does not meet the appropriate document's effective date on the Department of State's records.	olicable statutory 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. To by the shareholders was/were sufficient for approval	The number of votes east for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders t must be separately provided for each voting group entitled	hrough voting groups. The following statement to vote separately on the amendment(s):
"The number of votes cast for the amendment(s) was/v	were sufficient for approval
by	
(voting group)	
☐ The amendment(s) was/were adopted by the board of director action was not required.	ors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the incorporators was action was not required	oithout shareholder action and shareholder
Dated 5/15/15	
Signature Hatting Je	minal
(B# a director, president or other of	fficer – if directors or officers have not been
selected, by an incorporator – if in appointed fiduciary by that fiducia	the hands of a receiver, trustee, or other court ry)
Kathryn (Typed or print)	N Jennings ed name of person signing)
(Typed of printe	a name of person signing)
Tre	esident
. (Lit	le of person signing)