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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: VENUS SALON B	BEAUTY SUPPLY INC		
DOCUMENT NUMB	P15000099300			
The enclosed Articles of	f Amendment and fee are sul	bmitted for filing.		
Please return all corresp	ondence concerning this mat	ter to the following:		
1	NORMA CADENA			
-		Name of Contact Persor	1	
-		Firm/ Company		
ı	6514 SW 129 AVE			
_	MIAMI FL 33183	Address		
<u>-</u>		City/ State and Zip Code	2	
YCAL	DENA5@HOTMAIL.COM			
	E-mail address: (to be us	sed for future annual report	notification)	
For further information	concerning this matter, pleas	se call:		
NORMA CADENA		at (662-9041	
Name o	f Contact Person	Area Code & 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)	
Ame Divi P.O.	ing Address ndment Section sion of Corporations Box 6327 thassee, FL 32314	Ameno Divisio Cliftor	Address dment Section on of Corporations a Building Executive Center Circle	

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

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(Name o	f Corporation as current	ly filed with the Florida Dept. of	State)	
P15000099300				
	(Document Number o	f Corporation (if known)		
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this	Florida Profit Corporation adop	ts the following amendment(s)	to
A. If amending name, enter the new na	me of the corporation:			
NIA			The new	
name must be distinguishable and com: "Corp.," "Inc" or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or	"Co". A professional corporatio	ted" or the abbreviation on name must contain the	
B. Enter new principal office address, (Principal office address MUST BE A S		NID		
C. Enter new mailing address, if appli (Mailing address MAY BE A POST)		N/D		
<u></u>			26 C	
			声。	
			<u> </u>	
D. If amending the registered agent an new registered agent and/or the new			of the	
Name of New Registered Agent	CARMEN C DUQUE	-		
Name of New Registered Agent	NIX			
		reet address)		
New Registered Office Address:		, F	lorida	
		(City)	(Zip Code)	
New Registered Agent's Signature, if c I hereby accept the appointment as regis			of the position	
Thereby accept the appointment as regis		The same decept the configurations of	, tile positiva.	
	Carene C	telepul.		
	Signature of New	Remelered Japal Hichemaina		

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.

X Change	<u>PT</u>	John Doe	
X Remove	V	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	PD	JAIRO G CASTILLO	5831 SW 137 AVE
Add			MIAMI, FL 33183
X Remove			
2) X Change	PD	CARMEN C DUQUE	5831 SW 137 AVE
Add			MIAMI FL 33183
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			<u> </u>
Add			
Remove			

E. If amending or adding :	additional Articles,	enter change(s) he	<u>re</u> :		
(Attach additional sheets,	, if necessary). (Be	e specijic)			
NIA					
			<u> </u>	 —	
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			<u></u>		
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F. If an amendment provi	ides for an exchang	e. reclassification.	or cancellation of	issued shares,	
provisions for implem	enting the amendm	ent if not containe	d in the amendme	nt itself:	
(if not applicable	indicate N/A)				
N 1 17					
					
		<u></u>			
				<u> </u>	
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					<u>. </u>
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• • • •	12/01/16	
The date of each amendment(s) a date this document was signed.	loption:	, if other than the
Effective date <u>if applicable</u> :		
<u></u>	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bedocument's effective date on the De	lock does not meet the applicable statutory filing requirements, this capartment of State's records.	late will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment flicient for approval.	(s)
	proved by the shareholders through voting groups. The following statem each voting group entitled to vote separately on the amendment(s):	ient
	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
action was not required.	pted by the board of directors without shareholder action and sharehold	ler
☐ The amendment(s) was/were add action was not required.	pted by the incorporators without shareholder action and shareholder .	
12/01/16		
Dated	<u></u>	
a: /		
Signature	inctor, president or other officer – if directors or officers have not beer	
	d, by an incorporator – if in the hands of a receiver, trustee, or other cou	
	red fiduciary by that fiduciary)	
	(Typed or printed name of person signing)	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	• • • • • • • • • • • • • • • • • • • •