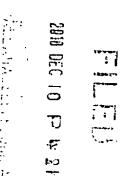
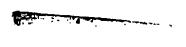
(R	equestor's Name)	
(A	ddress)	
(A	ddress)	
(C	ity/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
(B	usiness Entity Name)	
(D	ocument Number)	
Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer:	
	Office Use Only	



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DEC 13 2018 T. LESMEUX



COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORAT	10N: <u>Lily's</u> : P15 coo 100 a	<u> 5 ра Groomii</u> 29	ng, Corp.
The enclosed Articles of A			
Please return all correspon	dence concerning this mat	tter to the following:	
	Gabriel Ca	Name of Contact Person	
		Name of Contact Person	ı
		Firm/ Company	
	2440 DC G	antry Gub Blv Address	d # 202
	Descrield	Beach, FL 3344 City/ State and Zip Code	.a
		City/ State and Zip Code	2
For further information co		sed for future annual report	notification)
Northalia R) 367 - 2412
Name of C	ontact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for the	following amount made p	payable to the Florida Depa	rtment 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 Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Divisio Clifton	Address ment Section n of Corporations Building xecutive Center Circle

Tallahassee, FL 32301

. Articles of Amendment

Articles of Incorporation of

Lily 's Spa Greaming	Carp. FILED
(Name of Corporation a	is currently filed with the Florida Dept. of State)
P15000100229	24月 DEC 10 日 〒 31
	Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statis Articles of Incorporation:	ntutes, this Florida Profit Corporation adopts the following amendment(\$) to
A. If amending name, enter the new name of the corpo	ration:
GR CABRAL INVESTM	ENTS INC The new
	corporation," "company," or "incorporated" or the abbreviation inc," or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	2440 DC Country Club Blod
(Principal office address MUST BE A STREET ADDRESS)	<u>\$\$</u>) # 202
	Deerfield Beach, FL 33442
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2440 DC Country Club Blud
	# 202
	Decifield Beach, FL 33442
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office	
Name of New Registered Agent W/A	
	(Florida street address)
New Registered Office Address:	, Florida
	(City) , Florida (Zip Code)
New Registered Agent's Signature, if changing Register	red Agent:
I hereby accept the appointment as registered agent. I am	familiar with and accept the obligations of the position.
Signatur	e of New Registered Agent, if changing

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 Doc 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 Doc, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	John Doc	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change		WIA	
Add			
Remove			
2) Change			
Add			
Remove			
3)Change			
Add			
Remove			
4) Change			
Add	· · · ·		
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	s, if necessary). (Be specific)		
<u> </u>	A		
			<u> </u>
	-		
			
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•			
f an amendment pro	ides for an exchange, reclassificat	ion, or cancellation of issued sha	ires.
provisions for imple	penting the amendment if not cont	ained in the amendment itself:	
(if not applicable			
NA	<u> </u>		
		· · · · · · · · · · · · · · · · · · ·	

The date of each amendment(s) ado date this document was signed.	ption: 12 C4 18	, if other than the
Effective date <u>if applicable</u> :	12104 118	
	(no more than 90 days after amendment fit	le date)
Note: If the date inserted in this blo document's effective date on the Department.	ck does not meet the applicable statutory filing requirement of State's records.	rements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were adopt by the shareholders was/were suffi	ed by the shareholders. The number of votes cast for t cient for approval.	the amendment(s)
☐ The amendment(s) was/were appromust be separately provided for ea	wed by the shareholders through voting groups. The factor is the same are voting group entitled to vote separately on the ame	ollowing statement endment(s):
"The number of votes cast fo	r the amendment(s) was/were sufficient for approval	
by	,"	
	(voting group)	
☐ The amendment(s) was/were adopt action was not required.	ed by the board of directors without shareholder action	and shareholder
☐ The amendment(s) was/were adopt action was not required.	ed by the incorporators without shareholder action and	shareholder
Dated 121 04 11	8	
Signature		
(By a dire selected,	etor, president or other officer – if directors or officers by an incorporator – if in the hands of a receiver, truste fiduciary by that fiduciary)	s have not been see, or other court
_	(Typed or printed name of person signing)	
	(Typed or printed name of person signing)	
_	President (Title of person signing)	
_	(Title of person signing)	