P16000093564

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COVER LETTER

TO: Amendment Section Division of Corporations

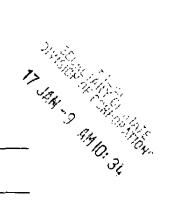
P.O. Box 6327

Tallahassee, FL 32314

DOCUMENT NUMI	RATION: EVOLUTIO BER: P16000093564 of Amendment and fee are sub	4	PPLY CORP		
Please return all corre	spondence concerning this mat	ter to the following:			
	THAMARA PERE				
	TARARECA ACC	Name of Contact Person			
	TABADESA ASS	_ 			
•	Firm/ Company 419 W 49TH ST SUITE 111				
	413 11 43 111 31 6				
	Address HIALEAH, FL 33012				
	<u></u>	City/ State and Zip Code			
π.					
E-mail address: (to be used for future annual report notification)					
	L-man address. (to be ds	ou for fature annual report			
For further information	on concerning this matter, pleas	e call:			
THAMARA PEREZ		at (305	, 558-0622		
Name of Contact Person		Area Co	de & Daytime Telephone Number		
Enclosed is a check for	or the following amount made p	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 Amendment Section Division of Cornorations		Amend	Address Iment Section on of Corporations		

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

Articles of Amendment **Articles of Incorporation** of



VOLUTION BEAUTY SUPP	LY CORP		94
	tly filed with the Florida Dept. of State)		9.40.
16000093564	4		
(Document Number	er of Corporation (if known)		
rsuant to the provisions of section 607.1006, Fl Articles of Incorporation:	orida Statutes, this Florida Profit Corpora	tion adopts the following	g amendment(s)
If amending name, enter the new name of the	he corporation:		
			The new
me must be distinguishable and contain the Corp.," "Inc.," or Co.," or the designation "(ord "chartered," "professional association," or	Corp," "Inc," or "Co". A professional c	ncorporated" or the ab orporation name must c	obreviation contain the
Enter new principal office address, if application of the second of the			-
			-
			-
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	E BOX)	_	
			-
			_
If amending the registered agent and/or re- new registered agent and/or the new regist		he name of the	
Name of New Registered Agent			
Name of New Registered Agent			
	(Florida street address)		
New Registered Office Address:	1.	Florida	

Signature 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 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	PT John	Doe	
X Remove	<u>V</u> <u>Mike</u>	<u> Jones</u>	
X Add	SV Saily	Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change	MGR	LAINET SUAREZ	419 WEST 49TH ST
Add			SUITE 111
Remove			HIALEAH, FL 33012
2) Change			
Add			
Remove			
3) Change	·		
Add		•	
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
[
6) Change			
Add			
Remove			

	icles, enter change(s (Be specific)	_		
				
				
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				· . <u> </u>
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				- <u> </u>
f an amendment provides for an exc	<u>hange, reclassificati</u>	on, or cancellatio	of issued shares.	1
	andment if not cont	<u>ained in the amen</u>	iment itselt:	
provisions for implementing the amo				
provisions for implementing the ame (if not applicable, indicate N/A)				
provisions for implementing the amo				
provisions for implementing the amount				
provisions for implementing the amount				
provisions for implementing the amount				
provisions for implementing the amount				
provisions for implementing the amount				
provisions for implementing the amount				
provisions for implementing the amount				
provisions for implementing the amount				

The date of each amendment(s) adoption:	, if other than the
-	
Effective date if applicable: (no more than 90 days after amendment file date)	
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by"	
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 01/04/2017	
Signature By a director, president or other officer – if directors or officers have not been selected, by an incorporator—if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
THAMARA PEREZ	
(Typed or printed name of person signing)	
REGISTERED AGENT	
(Title of person signing)	