## P17000112729

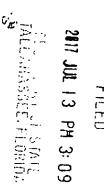
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C. GOLDEN

JUL 1 7 2017

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	RATION:ALL IN BEAUTY	/ INC			
DOCUMENT NUME	BER:P17000012729				
The enclosed Articles	of Amendment and fee are su	bmitted for filing.			
Please return all corres	spondence concerning this ma	tter to the following:			
	A. RODRIGUEZ				
	· · · ·	Name of Contact Person	n		
	ARCA LEGAL SERVICES	CORP			
	Firm/ Company				
	9500 NW 77th AVENUE - S	UITE 25			
		Address	<del></del>		
	HIALEAH GARDENS, FL	33016			
		City/ State and Zip Cod	e		
	acrod@arcalegal.com, alejan	drodelgado26@yahoo.com			
<del></del>		sed for future annual report			
For further information  Arlene Rodriguez	n concerning this matter, pleas	se call:at (305	231-7003		
Name of Contact Person			de & Daytime Telephone Number		
Enclosed is a check fo	r 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	ling Address indment Section sion of Corporations Box 6327	Amend Divisio	Address Iment Section on of Corporations Building		

## Articles of Amendment to Articles of Incorporation of

FILED 2017 JUL 13 PM 3: 09

ALL IN BEAUTY INC

\ <u>.</u>		filed with the Florida Dept. of State	ひろうろうも そにおおに
17000012729		3	- CORT
	(Document Number of C	Corporation (if known)	
ursuant to the provisions of section 607.  8 Articles of Incorporation:	1006, Florida Statutes, this Fi	orida Profit Corporation adopts the f	ollowing amendmen
. If amending name, enter the new na	une of the corporation:		
/A			The new
ime must be distinguishable and com Corp.," "Inc.," or Co.," or the design ord "chartered," "professional associa	ation "Corp," "Inc," or "C	o". A professional corporation name	the abbreviation
Enter new principal office address, if applicable: principal office address MUST BE A STREET ADDRESS )		1793 WEST 37 STREET	
		HIALEAH, FL 33012	
			_
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		1793 WEST 37 STREET	
		HIALEAH, FL 33012	
If amending the registered agent an		ss in Florida, enter the name of the	
new registered agent and/or the new	ALEJANDRO DELGADO		
Name of New Registered Agent			
	1793 WEST 37 STREET		
	(Florida stree		27/11/2
New Registered Office Address:	HIALEAH	, Florida,	(Zip Code)
wew Registerea Office Adaress:	(1		

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	PT	John Do	<u>oe</u>	
X Remove	$\underline{\mathbf{V}}$	Mike Jo	nes	
X Add	<u>SV</u>	Sally Sn	nith	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) Change	VP		ARIAN CARRERA	1571 WEST 2nd AVENUE
Add X Remove				HIALEAH, FL 33010
2) Change	VP		ALEJANDRO DELGADO	1793 WEST 37 STREET
X Add				HIALEAH, FL 33012
Remove				
3 ) Change		_		
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add		<del></del>		
Remove				

E. If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)
N/A	
	· · · · · · · · · · · · · · · · · · ·
F. If an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
N/A	

121	JULY 7, 2017	, if other than the
The date of each amendment(s) late this document was signed.	adoption:	, it other than the
	JLY 7, 2017	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in thi locument's effective date on the	s block does not meet the applicable statutory filing requirements, this date. Department of State's records.	e will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
☐ The amendment(s) was/were a by the shareholders was/were	adopted by the shareholders. The number of votes east for the amendment(s) sufficient for approval.	)
☐ The amendment(s) was/were a must be separately provided j	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	ગા
"The number of votes co	ast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and shareholder	r
The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder	
JUL	Y 7, 2017	
DatedSignature	Thorshed.	
(By sele	a director, president or other officer—If directors or officers have not been cted, by an incorporator—if in the bonds of a receiver, trustee, or other court ointed fiduciary by that fiduciary)	i
	NUBIA I DELGADO	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	