P1700053408

(R	equestor's Name)	
(A	ddress)	
(A	ddress)	
(C	ity/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL.
(E	Business Entity Name)	
(E	Occument Number)	
Certified Copies	Certificates of	Status
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2017 AUG 22 PM 1: 43
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C. GOLDEN AUG 2 4 2017

COVER LETTER

Amendment Section

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: BEAUTIFUL BRICE OF SOUTH FLORIDA INCOMENT NUMBER: P17C00053408.
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Michael Goldburg.
KDM FINANCIAL
HYOO N. FEDERAL HWY, Ste 405 Address City/ State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call: MICHAEL GILDER at (57/) 216-988 Name of Contact Person at (57/) Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
S35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) Certified Copy (Additional Copy is enclosed)
Mailing Address Street Address

Amendment Section

Clifton Building

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment

Market Control of the Articles of Incorporation (Name of Corporation as currently filed with the Florida Dept. of State) (Document Number of Corporation (if known)

Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation:

WEDDING PROZ	z South	Florida	In	The ne
name must be distinguishable and contain the v "Corp.," "Inc.," or Co.," or the designation "Coword "chartered," "professional association," or t	orp," "Inc," or "Co	". A professional	"incorporated" or corporation name	the abbreviation
B. Enter new principal office address, if applica (Principal office address <u>MUST BE A STREET A</u>				
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE</u>)	<u>BOX</u>)			
D. If amending the registered agent and/or registerew registered agent and/or the new register Name of New Registered Agent		s in Florida, enter	the name of the	
	(Florida street	address)		 -
New Registered Office Address:	(Cı	Tty)	Florida	(Zip Code)
New Registered Agent's Signature, if changing Is I hereby accept the appointment as registered agen		i and accept the ol	oligations of the po	sition.

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.

Example: X Change	<u>PT</u>	John Doe		
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			 	
Add				
Remove				
2) Change				
Add			•	
Remove				
3) Change			 	
Add				.
Remove				
4) Change			 	
Add				
Remove				
5) Change			 	
Add				
Remove				
6 Chara-				
6) Change			 	
Add				
Remove				

. If amending or adding additional Articles, enter change(s) here:	
(Attach additional sheets, if necessary). (Be specific)	
	
	
	
. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,	
provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)	
(y noi appricacie, maicate (924)	
	<u>_</u>

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable: SIF (no more than 90 days after amendment file date)	
(no mbre than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this document's effective date on the Department of State's records.	s date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment by the shareholders was/were sufficient for approval.	ent(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following standard must be separately provided for each voting group entitled to vote separately on the amendment(s):	'ement
"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 shareh action was not required.	older
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholde action was not required.	r
Dated $\frac{8/2/17}{2}$	
Signature Signature	
(By a director, president of other officer - if directors or officers have not be	een
selected, by an incorporator – if in the hands of a receiver, trustee, or other appointed fiduciary by that fiduciary)	court
(Typed or printed name of person signing)	
(Typed or printed name of person signing)	
President	

(Title of person signing)