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## COVER LETTER

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: ART OF BEAUTY STUDIO CORP	
DOCUMENT NUMBER: P17000056431	
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
MARIANELLA DAES	
Name of Contact Person	
ART OF BEAUTY STUDIC CORP	
88 SW 7th STREET STE 3505	
Address	
MIAMI FL 33130	
City/ State and Zip Code	
E-mail altdress: (to be used for future annual report-hotification)	
For further information concerning this matter, please call:	等人 海
MARIANELLA DAES $\frac{1}{4}(786)$ 295 090 6	7日 日本 日本
Name of Contact Person Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount made payable to the Florida Department of State:	13 E
S35 Filing Fee  Certificate of Status  Certificate of Status  Certificate of Status  (Additional copy is enclosed)  Certificate of Status  (Additional Copy is enclosed)	, 7

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address

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

## Articles of Amendment to Articles of Incorporation of

to

ΑI	₹T (	3F 131	FATITY	STEDIO	CORP

(Name of Corporation as currently fill P17000056431  (Document Number of Co	ed with the Fiorida Dept. of State)	
(Document Number of Co		
, -	rporation (if known)	
Pursuant to the provisions of section 607,1006, Florida Statutes, this <i>Flor</i> its Articles of Incorporation:	rida Profit Corporation adopts the following amendment	ent(s)
A. If amending name, enter the new name of the corporation:		
	The new	
name must be distinguishable and contain the word "corporation," "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co" word "chartered," "professional association," or the abbreviation "P.A.	'. A professional corporation name must contain the	,
B. Enter new principal office address, if applicable:	88 SW 7TH STREET # 3505	
(Principal office address MEST RE A STREET ADDRESS)	MIALFL 33130	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	28 SW 7TH STREET # 3505	<u>.</u> >
<del></del>	JIAMI FL 331130	
<del>-</del>	(C)	3.5
D. If amending the registered agent and/or registered-office address new registered agent and/or the new registered office address:	1	) / T
Name of New Registered Agent NA		). 
(Florida street a	•	. 17
New Registered Office Address.	3505, Florida 33130	
	·) (Zıp Code)	

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; <u>X</u> Change	<u>PT</u>	John Doc	
X Remove	$\underline{V}$	Mike Jones	
X Add	$\underline{SV}$	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	VP	JOSE R MORENO	88 SW 7TH STREET #3505
XX_Add			MIAMI FL 33130
Remove			
2) Change	VP	JOSE R HERRERA	88 SW 7TH STREET #3505
Add			MIAMI FL 33130
Remove			
3)Cliange			
Add			
Remove			
4) Change		_	
Add			
Remove			
5) Change			
Add			
Remove			
6) Change		···	
Add			
Remove			_

Attaen adamonal sheets, 14 ne	cessary), tBe sp	<u>ter change(s) her</u> pecific)	<u>.</u> .		
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<u>f an amendment provides fo</u>	r an exchange, re	<u>celassification, or</u>	cancellation of iss	sued shares,	
provisions for implementing (If not applicable, indica	the amendment w Mat)	if not <u>contained</u> i	n the amendment	itself:	
NA	, , , ,				
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The date of each amendment(s) adoption:, if other than the
date this document was signed.
Effective date <u>if applicable</u> :  (no more than 90 days after amendment file date)
(no more than 90 days after amendment file date)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
Adoption of Amendment(s) (CHECK ONE)
☐ The amendment(s) was/were adopted by the shareholders. The number of votes east 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 07 <b>3</b> 1/2017    Signature   1/2017
(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)
MARIANELLA DAES
(Typed or printed name of person signing)
PRESIDENT
(Title of person signing)