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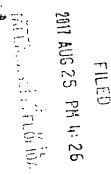
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: VITA BEAUTY HE INC
DOCUMENT NUMBER: <u>P17000059868</u>
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Name of Contact Person
19849 Nordhoff Street
Northodge, CA 9/32/ City/ State and Zip Code
E-mail address: (to be used for future contrast report notification)
For further information concerning this matter, please call:
Name of Contact Person at (702) 857 - 2729 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 Certificate of Status Certificate of Status Certificate of Status (Additional copy is enclosed) Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment Section

Division of Corporations Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

Division of Corporations

Tallahassee, Fl. 32314

P.O. Box 6327

Articles of Amendment

FILED

Articles of Incorporation	2017 AUG 25	PM 1 25
of	1011 MOG 25	111 4. 50
VITA BOANTY FL INC	· · · · · · · · · · · · · · · · · · ·	_ 1 / i
(Name of Corporation as currently filed with the Florida Dept. of S	<u>iaté</u>) UU (((1776 Ö.⊅E) ™	E. FLUKIUA
(Document Number of Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts to its Articles of Incorporation:	he following amend	ment(s) to
A. If amending name, enter the new name of the corporation:		
	The n	
name must be distinguishable and contain the word "corporation," "company," or "incorporated "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc.," or "Co". A professional corporation word "chartered," "professional association," or the abbreviation "P.A."		
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	.	_
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		-
D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent		_
New Registered Office Address: OPLANOU (City)	- # 125Y da 32800 (Zip Code)	1
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the	e position.	
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	ı Doe	
X Remove	<u>V</u> <u>Mik</u>	<u>e Jones</u>	
X Add	SV Sall	y Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	PC	Sarah Aharon	800/ S Orange Blussom Ti
Add Remove			8001 S Orange Blossom To 1254 Orlando, Fl 32809
2) Change Add	P_C_	IDAN BAST	8001 S Orange Hussom Ti
Remove			Orlando, FL 32809
3) Change			
Add Remove			
4) Change			
Add Remove			
5) Change			
Add Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary). (Be specific)	
	N 1/A-
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f an amendment provides for an exchange, reclassifi	cation, or cancellation of issued shares.
If an amendment provides for an exchange, reclassifi provisions for implementing the amendment if not c (if not applicable, indicate N/A)	cation, or cancellation of issued shares. ontained in the amendment itself:
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The date of each amendment(s) adoption:	/2017 in	other than the
date this document was signed.		•
Effective date <u>if applicable</u> : 8/10/	20/	
(no more than	n 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the app document's effective date on the Department of State's records.		: listed as the
Adoption of Amendment(s) (<u>CHECK ONE</u>)		
The amendment(s) was/were adopted by the shareholders. T by the shareholders was/were sufficient for approval.	The number of votes cast for the amendment(s)	
☐ The amendment(s) was/were approved by the shareholders the must be separately provided for each voting group entitled to		
"The number of votes cast for the amendment(s) was/w	were sufficient for approval	
by(voting group)		
(voting group)		
☐ The amendment(s) was/were adopted by the board of directo action was not required.	ors without shareholder action and shareholder	
☐ The amendment(s) was/were adopted by the incorporators wastion was not required.	vithout shareholder action and shareholder	
Dated 8/10/2017		
Signature dan Das		
	flicer – if directors or officers have not been the hands of a receiver, trustee, or other court	
appointed fiduciary by that fiduciar		
DAN	1 prst	
(Typed or printe	ed name of person signing)	
——————————————————————————————————————	AIRMAN PRESIDENT	