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C. GOLDEN

JUL 2 6 2018

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: NUMBER 1NY BE	EAUTY SUPPLY, INC	
DOCUMENT NUM	BER: P17000062273		
	of Amendment and fee are sul	omitted for filing.	
Please return all corre	spondence concerning this mat	ter to the following:	
	AMER ZINA		
		Name of Contact Perso	по
		Firm/ Company	· · · · · · · · · · · · · · · · · · ·
	5050 34TH ST SOUTH		
	SAINT PETERSBURG, FL	Address 33711	
		City/ State and Zip Co	de
SON	IA@GSTOLLEY.COM		
	E-mail address: (to be us	ed for future annual repor	t notification)
For further informatio	n concerning this matter, pleas	e call:	
AMER ZINA		206	331-8880
Name	of Contact Person	Area C	ode & Daytime Telephone Number
Enclosed is a check for	or the following amount made p	payable to the Florida Dep	partment of State:
☐ \$35 Filing Fee	□S43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Am Div P.O	iling Address endment Section ision of Corporations . Box 6327 ahassee, FL 32314	Amen Divisi Clifto	t Address Indicate the section of Corporations on Building Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

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2018 JUL 23 PM 2: 03

NUMBER 1NY BEAUTY SUPPLY, INC

PPLY, INC

SECRETARY OF STATE

(Name of Corporation as currently filed with the Florida Dept. of SEAL) LAHASSEE, FL

P17000062273	
(Document Number	r of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, thits Articles of Incorporation:	nis Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
N/A	The new
name must be distinguishable and contain the word "corpora" "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc.," or word "chartered," "professional association," or the abbreviation	tion," "company," or "incorporated" or the abbreviation r "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	N/A
(Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A
D. If amending the registered agent and/or registered office ac	
new registered agent and/or the new registered office addr	ess:
Name of New Registered Agent N/A	
(Florida	street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Age	ant.
I hereby accept the appointment as registered agent. I am familia	ar with and accept the obligations of the position.
Signature of No.	v Registered Agent, if changing
againe of ner	er eraginera en regens, of annuiguig

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 Joh	n Doe	
X Remove	<u>V</u> <u>Mil</u>	ke Jones	
X Add	<u>SV</u> <u>Sal</u>	ly Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	VP	HUSSEIN, AIMAN	8228 DUNHAM STATION DRIV
Add			TAMPA, FL 33647
X Remove			
2) X Change	Р	ELKHATIB, RIAD	4422 FLORA VISTA DRIVE
Add			ORLANDO, FL 32837
Remove			
3) X Change	_ <u> </u>	ZINA, AMER	3243 ANTICA ST
Add			FORT MYERS, FL 33905
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			 -
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter chang (Attach additional sheets, if necessary). (Be specific)	e(s) here:
N/A	
	-
	-
F. If an amendment provides for an exchange, reclassification provisions for implementing the amendment if not continuous to the amendment of	ation, or cancellation of issued shares,
(if not applicable, indicate N/A)	Ranco in the amendment reserv
N/A	
-	

	, if other than the
date this document was signed.	
Effective date if applicable:	
(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 document's effective date on the Department of State's records.	will not be listed as the
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
☐ 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 statemen must be separately provided for each voting group entitled to vote separately on the amendment(s):	t
"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.	
Dates 07/20/20 8 Signature	
00	
Signature	
(b) a director, president of other officer — It directors of officers have not been	
selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
AMER ZINA	
(Typed or printed name of person signing)	
PRESINCUT	
PRESIDENT (Title of person signing)	