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I ALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: _	UMBER 1NY E	BEAUTY SUP	PLY, INC	
DOCUMENT NUMBER: P1700				
The enclosed Articles of Amendme		ubmitted for fili	ng.	
Please return all correspondence co	encerning this ma	atter to the follo	wing:	
RIAD ELKI	HATIB			
-		Name of Co	ontact Person	n
		Firm/ C	Company	
4422 FLOR	RA VISTA DRIV	Æ		
ORLANDO	, FL 32837	Add	iress	
 _	<u> </u>	City/ State a	nd Zip Cod	u
SONIA@GSTOL	LEY.COM			
E-mail	address: (to be u	sed for future at	nual report	notification)
For further information concerning	this matter, pleas	se call:		
RIAD ELKHATIB		at (407	928-6899
Name of Contact Pe	rson	·.	Arca Co	de & Daytime Telephone Number
Enclosed is a check for the following	g amount made	payable to the F	lorida Depa	rtment of State:
□ \$35 Filing Fee □\$43.7 Certif	5 Filing Fee & icate of Status	□\$43.75 Fili Certified C (Additional enclosed)	opy	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Secti Division of Corpo P.O. Box 6327 Tallahassee, FL 3	on orations		Amend Division Clifton	Address ment Section n of Corporations Building secutive Center Circle

Tallahassee, Fl. 32301

Articles of Amendment to Articles of Incorporation of

NUMBER 1NY BEAUTY SUPP	ΙY	INC
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(Name of Corporation	on as currently filed with the Flor	ida Dept. of State)	
P17000062273			
(Docum	nent Number of Corporation (if know	wn)	
Pursuant to the provisions of section 607,1006, Florida its Articles of Incorporation:	a Statutes, this <i>Florida Profit Corpo</i>	ration adopts the following a	mendment(s) to
A. If amending name, enter the new name of the co	orporation:		
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp, word "chartered," "professional association," or the	." "Inc." or "Co". A professional	"incorporated" or the abbr corporation name must con	eviation
B. Enter new principal office address, if applicable	<u> </u>		
(Principal office address <u>MUST BE A STREET ADD</u>			
		<u> </u>	<u></u>
		<u></u>	<u>≥</u> ⊤
C. Enter new mailing address, if applicable:			ੁੱਲ <u> </u>
(Mailing address MAY BE A POST OFFICE BO.	X)	€3 04 (3) 74	க் 🗆
		711.	
			<u>~</u> ≝ ⊂
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D. M. W.			3
D. If amending the registered agent and/or register new registered agent and/or the new registered agent.	<u>ed office address in Florida, enter office address:</u>	the name of the	
Name of New Registered Agent			
	(Florida street address)		
	, , , , , , , , , , , , , , , , , , ,		
New Registered Office Address:	(City)	, Florida	
	(Ciỷ)	(Zip Code	9
New Registered Agent's Signature, if changing Regi	istered Agent:		
I hereby accept the appointment as registered agent.	I am familiar with and accept the ob	oligations of the position.	
	dat n i i i i	·	
Signa	tture of New Registered Agent, if che	anging	

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>\$V</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	<u>v</u>	ZINA, AMER	3243 ANTICA ST
Add			FORT MYERS FL 33905
X Remove			
2) Change			
Add			
Remove			<u> </u>
3) Change			····
Add			
Remove			
4) Change			
Add			· · · · · · · · · · · · · · · · · · ·
Remove			
5) Change		_	
Add			
Remove			
6) Change			
Add			
Remove			

	ding additional Art sheets, if necessary).	(Be specific)				
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<u>if an amendment j</u> provisions for im	provides for an exc plementing the am	hange, reclassif	ication, or cance	ellation of issued :	<u>shares,</u> r.	
(if not applice	ahle, indicate N/A)	enginent ir not c	ontained in the	amenument usen	<u>i.</u>	
				 	· · · · · · · · · · · · · · · · · · ·	

	08/03/2018	
The date of each amendment(s date this document was signed.) adoption:	, if other than the
	8/03/2018	
Effective date <u>if applicable</u> : _	(no more than 90 days after amendment file date)	
Note: If the date inserted in the document's effective date on the	is block does not meet the applicable statutory filing requirements, this dat 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 by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s sufficient for approval.)
	approved by the shareholders through voting groups. The following stateme for each voting group entitled to vote separately on the amendment(s):	nt
	ast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
	adopted by the board of directors without shareholder action and shareholde	r
The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder	
08/03/1 Dated	8	
Signature	Kid Elkhato	
(By sele	adirector, president or other officer – if directors or officers have not been cted, by an incorporator – if in the hands of a receiver, trustee, or other count ointed fiduciary by that fiduciary)	
	RIAD ELKHATIB	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	