P17000 733/5

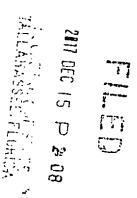
(Requestor's Name)			
	Address)			
(Address)			
	City/State/Zip/Phone #)			
PICK-UP	☐ WAIT	MAIL		
	Business Entity Name)			
(Document Number)				
Certified Copies	Certificates of 3	Status		
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DEC 18 2017 T. LEAANEUX



COVER LETTER

TO: Amendment Section

Division of Corporations					
NAME OF CORPORATION: LOOK AT ME SCILON CORP. DOCUMENT NUMBER: P170000 73315					
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 H & I TAX IN Jestment Coep Firm/ Company 1860 N Pine Island RD Soite #109 Address Plantation FL 35322. City/ State and Zip Code ISISTAX @ AOL. COM. E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Tois Isabel at (954) 6005801 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:					
\$35 Filing Fee Certificate of Status Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) S43.75 Filing Fee & Certified Copy (Additional Copy is enclosed)					
Mailing Address Amendment Section Street Address Amendment Section					

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

Articles of Amendment

Articles of Incorporation

LOOK At Me Salon Coep
(Name of Corporation as currently filed with the Florida Dept. of State)
Y 140000 43315
(Document Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) tits Articles of Incorporation:
A. If amending name, enter the new name of the corporation:
The new
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation name must contain the 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
(Florida street address)
New Registered Office Address:, Florida
(City) (Zip Code)
are and a second are a second a
I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the 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.

Example: X Change	<u>PT</u>	John De	<u>oe</u>	
X Remove	$\underline{\mathbf{V}}$	Mike Jo	<u>ones</u>	
X Add	<u>sv</u>	Sally Si	<u>mith</u>	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	Address
1) Change	VP	_	Svairo, fabércio	4810 Taft st
Add				Pembeore Pines
Remove				FL 33024
2) Change				
Add				
Remove				
3) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		_		
Add		-		
Remove				

	ecessary). (Be specific)
Remove	. 9
VP_	Oveiro Fabercio
	<u> </u>
DDRESS :	7810 Taft St Pembeoke Pives FL 33024
	Pembeoke Pives FL 33024
	
sions for implementin	for an exchange, reclassification, or cancellation of issued shares, og the amendment if not contained in the amendment itself:
f not applicable, indica	ate N/A)

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
Effective date <u>if applicable</u> : (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 document's effective date on the Department of State's records.	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 amendmen by the shareholders was/were sufficient for approval.	t(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following states must be separately provided for each voting group entitled to vote separately on the amendment(s):	ment
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by" (voting group)	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and sharehol action was not required.	der
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated_NOV-01-2017	
Dated	
(By a director, president or other officer – if directors or officers have not bee	
selected, by an incorporator – if in the hands of a receiver, trustee, or other co appointed fiduciary by that fiduciary)	ourt
EDVARDO MALISANI	
(Typed or printed name of person signing)	
PRESIDENT	
PRESIDENT (Title of person signing)	