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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: BRONZER MIAMI CORP DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: LILIAN EL SOUKI Name of Contact Person BRONZER MIAMI CORP Firm/ Company 6965 NW 107 COURT Address DORAL, FLORIDA 33178 City/ State and Zip Code LILIANSOUKI@AOL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: LILIAN EL SOUKI Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: □\$43.75 Filing Fee & ■\$52.50 Filing Fee **□\$**43.75 Filing Fee & \$35 Filing Fee Certificate of Status Certified Copy Certificate of Status Certified Copy (Additional copy is enclosed) (Additional Copy is enclosed) Street Address Mailing Address Amendment Section Amendment Section Division of Corporations Division of Corporations Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, FL 32314 Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

BRONZER MIAMI CORP		<u> </u>
(Name of Corporation as curren	tiv flied with the Florida Dept, of State	υ
P17000083628		
(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this Articles of Incorporation:	is Florida Profit Corporation adopts the	following amendment(s) to
A. If amending name, enter the new name of the corporation:		
_		The new
name must be distinguishable and contain the word "corporat" "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	· "Co". A projessional corporation nam	r the abbreviation ne must contain the
•	6965 NW 107TH COURT	⊼ <u>%.</u> 18
B. Enter new principal office address. if applicable: (Principal office address MUST BE A STREET ADDRESS)	DORAL, FLORIDA, 33178	Se T
		P 2
		- m
C. Enter new mailing address, if applicable:		THE PUT
(Mailing address MAY BE A POST OFFICE BOX)		بن چ
		2
		→ ∪
D. If amending the registered agent and/or registered office ad new registered agent and/or the new registered office address.	dress in Florida, enter the name of the sss:	
Name of New Registered Agent		
(Florida	street address)	
(Fiorma)	311 221 (11111 233)	
New Registered Office Address:	(City) Florida	(Zip Code)
	(cuy)	(zp code)
New Registered Agent's Signature, if changing Registered Agent	nt:	
I hereby accept the appointment as registered agent. I am familia	r with and accept the obligations of the p	osition.
Signature of New	Penistered 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	PT	John Doe	
X Remove	Ā	Mike Jones	
_X Add	<u>sy</u>	Sally Smith	
Type of Action (Check One)	Title	Name	Address
l) Change	VP	GREYS L. GUTIFRREZ	10755 NW 50TH STREET
Add			APT 310
X Remove			DORAL FL. 33178
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
5) Change			
Add			
Remove			

	idding additional Articles, enter change(s) here: I sheets, if necessary). (Be specific)
·	
	and a such and analysis of the state of the
_	it provides for an exchange, reclassification, or cancellation of issued shares, implementing the amendment if not contained in the amendment itself:
an amendmen	INDEPENDENCE AND
provisions for i	icable indicale N/A)
provisions for i	icable, indicate N/A)
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provisions for i	icable, indicate N/A)

• • • •	
The date of each amendment(s)	adoption: if other t
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 document's effective date on the D	block does not meet the applicable statutory filing requirements, this date will not be listed epartment of State's records.
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were ad by the shareholders was/were st	topted by the shareholders. The number of votes cast for the amendment(s) ufficient for approval.
	proved by the shareholders through voting groups. The following statement reach voting group entitled to vote separately on the amendment(s):
"The number of votes east	for the amendment(s) was/were sufficient for approval
Luci	
DY	**
by	(voling group)
The amendment(s) was/were add action was not required.	opted by the board of directors without shareholder action and shareholder
The amendment(s) was/were add action was not required.	
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