P17000084476

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: Grace And Beauty	Of South Florida, Inc.	
DOCUMENT NUME			
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corres	spondence concerning this ma	tter to the following:	
	Jay Needelman		
		Name of Contact Person	1
		Firm/ Company	
	520 West 47th Street		
	Miami Beach FL 33140	Address	
		City/ State and Zip Cod	e
raulc.	consultant@gmail.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further information	n concerning this matter, pleas	se call:	
Jasy Needelman		at (305	de & Daytime Telephone Number
Name o	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	irtiment of State:
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ame Divis P.O.	ling Address ndment Section sion of Corporations Box 6327 thassee, FL 32314	Amend Divisio Clifton 2661 E	Address ment Section of Corporations Building xecutive Center Circle ussee, FL 32301

Articles of Amendment to Articles of Incorporation of

UI .
Grace And Beauty Of South Florida, Inc.
(Name of Corporation as currently filed with the Florida Dept. of State)
P17000084476
(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) to its 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:
new registered agent and/or the new registered office address:
Name of Man Paristaned James
Name of New Registered Agent
(Florida street address)
New Registered Office Address: Florida
(City) (Zip Code)
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 position.
Signature of New Registered Agent, if changing

address of each Officer (Attach additional sheets, Please note the officer/di P = President; V= Vice Executive Officer: CFO held. President, Treasure Changes should be noted	and/or D if necess rector titl President = Chief l r, Directo in the fo tves the c	virector be sary) It by the file by the file; T= Treation for would be something to the foregoing the foregoing means to the file of the	irst letter of the office title: asurer: S= Secretary: D= Director: The Officer. If an officer/director holds more Officer. Currently John Doe is listed as anner. Currently John Doe is listed as an Sally Smith is named the V and S. The	R= Trustee; C = Chairman or Clerk; ore than one title, list the first letter the PST and Mike Jones is listed as t	CEQ = Chief of each office he V. There is
X Change	<u>PT</u>	John Do	<u>c</u>	i	
X Remove	<u>V</u>	Mike Jo	nes	;	
_X Add	<u>sv</u>	<u>Şally Sn</u>	nith		
Type of Action (Check One)	<u>Title</u>		Name	Address	
1) Change	S/T		Berqui A. Escoto	9233 West Sunrise Blvd.	
XAdd				Plantation FL 33322	<u> </u>
Remove				·	1
2) Change		_			
Add					-
Remove					_
3) Change		_			<u>-</u>
Add					<u> </u>
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4) Change					
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Remove				i	1
5) Change		_			
Add					
Remove					1
6) Change		_			1
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Remove					1

Page 2 of 4

tach additional sheets, if necessary). ((Be specific)	1 1
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n amandmant nuovidas fau an auskau		
ovisions for implementing the amend	ge, reclassification, or cancellation of issued shares, ment if not contained in the amendment itself:	1
(if not applicable, indicate N/A)		
		1
		!

/ -	11/3/17	
The date of each amendment(s) ad	option:	_, if other th
date this document was signed.	12	
11/3/ Effective date <u>if applicable</u> :	17	.]
The same to a spin to a sp	(no more than 90 days after amendment file date)	i i
Note: If the date inserted in this bl document's effective date on the Dep	ock does not meet the applicable statutory filing requirements, this date will partment of State's records.	not be listed
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adop by the shareholders was/were suf	oted by the shareholders. The number of votes cast for the amendment(s) ficient for approval.	
	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	, l
	or the amendment(s) was/were sufficient for approval	
by	(voting group)	1
,	(voting group)	
	oted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were adopaction was not required.	oted by the incorporators without shareholder action and shareholder	1
11/3/17		1
DatedSignature		
	rector, president or other officer - if directors or officers have not been	_ ,
selected	, by an incorporator – if in the hands of a receiver, trustee, or other court	
appointe	ed fiduciary by that fiduciary)	
	Raul Casanova	
•	(Typed or printed name of person signing)	•
1	Pres.	
-	(Title of person signing)	<u>-</u>