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COVER LETTER

COVER LETTER 2				
TO: Amendment Section Division of Corporations				
NAME OF CORPORATION: DET Beauty Inc.				
DOCUMENT NUMBER: P1800004854				
The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following:				
Please return all correspondence concerning this matter to the following: Mark Dornstander Name of Contact Person Cardinal Tax & Accounting Firm/ Company 1509 S. Florida Ave., Ste 2 Address Lakeland FL 33803 City/ State and Zip Code Mark @ Cardinal tax. Net E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Mark Dornstauder at 863,816-4381 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 □\$43.75 Filing Fee & Certificate Of Status (Additional copy is enclosed) □\$52.50 Filing Fee Certificate of Status (Additional Copy is enclosed)				
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle				

Tallahassee, FL 32301

Articles of Amendment

to

Articl	es of Incorporation	
	of	
DIT	Beauty	Inc.
Corporation as	currently filed with the	e Florida Dept, of State
PIRA	100001005	- <i>u</i>

(Name of Corporation a	s currently filed with the Florida Dept, of State)
P180	00004854
	Number of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statis Articles of Incorporation:	ntutes, this Florida Profit Corporation adopts the following amendment
A. If amending name, enter the new name of the corpo	rat <u>ion:</u>
name must be distinguishable and contain the word "c" "Corp.," "Inc.," or Co.," or the designation "Corp," " word "chartered," "professional association," or the abb.	The new corporation," "company," or "incorporated" or the abbreviation Inc." or "Co". A professional corporation name must contain the reviation "P.A."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRE.	SS)
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered new registered agent and/or the new registered officers.	office address in Florida, enter the name of the ce address:
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registe I hereby accept the appointment as registered agent. I an	red Agent: In familiar with and accept the obligations of the position.
	The Parisonal Court if showing

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 Doc	
X Remove	<u>V</u> <u>Mike Jones</u>	
X Add	SV Sally Smith	
Type of Action (Check One)	<u>Title</u> <u>Name</u>	<u>Addres</u> s
1) Change	P Tricia T. Nguyen	406 Cypress Gardens Blvd Winter Haven, FL 33880
Add	3 3	Winter Haven, FL 33880
Remove		
2) Change	P Trishat. Nguyen	406 Cypress Gardens Blvd Winter Haven, FL 33880
Add Remove		WINTER MAUCH 11-1 33000
3) Change		
Add		
Remove		
4) Change		
Add		
Remove		
5) Change		
Add		
Remove		
6) Change		
Add		
Remove		

Attach additional sheets, if necessary).	(Be specific)
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	is a sign of the s
provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
S	
S	
S. T.	

The date of each amendment(s) adoption:	, 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, thi document's effective date on the Department of State's records.	s 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 amendment by the shareholders was/were sufficient for approval.	ent(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following stamust be separately provided for each voting group entitled to vote separately on the amendment(s):	lement
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by" (voting group)	
(voling group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder was not required.	older
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholde action was not required.	т
Dated3/7/18	
Signature 1904 Signat	
selected, by an incorporator – if in the hands of a receiver, trustee, or other appointed fiduciary by that fiduciary)	
Tricia T. Nauyer (Typed or printed name of person signing)	<u> </u>
^	
President	
(Title of person signing)	