## P18000024001

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Only State Zight Hone W)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Social Manager)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

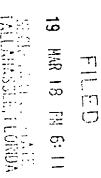
Office Use Only



600326412626

03/18/19--01032--009 \*\*35.00

MAR 2 6 2019 S. YOUNG



## **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF CORPOR	ATION: Forever	Mink Lashes,In	۷,	
DOCUMENT NUMB	ER: P18000024001			
The enclosed Articles of	of Amendment and fee are su	bmitted for filing.		
Please return all corres	pondence concerning this ma	tter to the following:		
	Tyra Burr	nett-Turner		
	Forever Min	Name of Contact Person k Lashes, Inc.		
_	3766 N.W. 202	Firm/Company 2nd Street		
	Miami Gardens, Fl. 33055			
D	ivinentegrity	City/ State and Zip Code  1@att.net		
	concerning this matter, pleas	ed for future annual report notice call:	263-1397	
Name o	f Contact Person	Area Code &	c Daytime Telephone Number	
Enclosed is a check for	the following amount made	payable to the Florida Departme	ent of State:	
☑ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	Certified Copy	\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		

## Articles of Amendment to Articles of Incorporation of

## Forever Mink Lashes, Inc.

(Name of Corporation as currently filed with the Florida Dept, of State)

(Document Number of	Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation a	dopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:		
Forever Beauty Concepts,	[nc.	Thenew
name must be distinguishable and contain the word "corporation "Corp" "Inc.," or Co.," or the designation "Corp." "Inc," or "word "chartered," "professional association," or the abbreviation "	Co". A professional corpor	
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )	3766 N. W.2 Miami Gar	dens. Fl
		33055
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	19
D. If amending the registered agent and/or registered office addr		me of the
new registered agent and/or the new registered office address	<u>:</u>	<u> </u>
Name of New Registered Agent		

New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

N/A
Signature of New Registered Agent, if changing

(Florida street address)

(City)

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>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change		N/A	
Add			
Remove			
2) Change		N/A	
Add			
Remove		N/A	
3) Change			
Remove			
4) Change		N/A	
Add			
Remove			
5) Change		N/A	_
Add			
Remove			
6) Change		N/A	
Add		,	
Remove			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)	
N/A	
	_
	_
<del></del>	
	_
If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:	
(if not applicable, indicate N/A)	
N/A	
· · · · · · · · · · · · · · · · · · ·	

The date of each amendment date this document was signed.	(s) adoption: 3/12/19	, if other than the
•	2/12/16	
Effective date <u>if applicable</u> :	3/12/19 (no more than 90 days after amendment file date)	<u> </u>
Note: If the date inserted in the document's effective date on the	his block does not meet the applicable statutory filing requirements be Department of State's records.	s, this date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/wer by the shareholders was/we	e adopted by the shareholders. The number of votes cast for the ame re sufficient for approval.	endment(s)
	e approved by the shareholders through voting groups. The following d for each voting group entitled to vote separately on the amendmen	
"The number of votes	cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
■ The amendment(s) was/wer action was not required.	e adopted by the board of directors without shareholder action and sh	nareholder
☐ The amendment(s) was/wer action was not required.	e adopted by the incorporators without shareholder action and shareh	older
Dated_3/1 Signature_	( June Durn & - Turn)	
se	y a director, president or other officer — if directors or officers have rected, by an incorporator — if in the hands of a receiver, trustee, or opointed fiduciary by that fiduciary)	iot been ther court
	Tyra Burnett-Turner	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	