P18000094579

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SECRETARY OF STATE

AUG 13 2018



COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: ERNESTO BEAU	JTIFUL TRIM CORP	
DOCUMENT NUMBER: P18000024579		
The enclosed Articles of Amendment and fee are su	ibmitted for filing.	
Please return all correspondence concerning this ma	itter to the following:	
ERNESTO O CABRERA		
	Name of Contact Person	1
	Firm/ Company	
1915 W WATERS AVE AF	PT 14 	
TAMPA FL 33604	Address	
	City/ State and Zip Code	;
E-mail address: (to be us	sed for future annual report	notification)
For further information concerning this matter, please	se call:	
ERNESTO O CABRERA	at (900-2979
Name of Contact Person	Area Coo	de & Daytime Telephone Number
Enclosed is a check for the following amount made	payable to the Florida Depa	rtment of State:
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$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	Amend Divisio Clitton	Address ment Section n of Corporations Building xecutive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

ERNESTO BEAUTIFUL TRIM CORP

(Name of Corporation as currently	filed with the Florida Dept. of State)
P18000024579	
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this atts Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
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 corporation name must contain the
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	
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 addr new registered agent and/or the new registered office address Name of New Registered Agent	
rame of then negative a tigent	
(Florida str	ret address)
New Registered Office Address:	(City) (Zip Code)
	rzip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar v	
Signature of Man. D	egistered Agent, if changing
Signature of New K	egistered Agent, if enunging

Page 1 of 4

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 Do	<u>oe</u>	
X Remove	<u>V</u>	Mike Jo	ones .	
X Add	<u>sv</u>	Sally Sr	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
1) Change	VP	_	GUIDO MOLA OLIVEROS	670 2ND ST NE
X Add				NAPLES FL 34120
Remove				
2) Change		_		
Add				
Remove				
3) Change		_		
Add				
Remove				
4) Change				
Add				
Remove				
5) Change		_		
Add				
Remove				
δ) Change				
				
Add				-
Remove				

•	(Be specific)
	• • •
	
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	•
f an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
f an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
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provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:

	07/19/2018	
The date of each amendmen date this document was signed		, if other than th
	07/19/2018	
Effective date <u>if applicable</u> :	(no more than 90) days after amendment file date)	
	this block does not meet the applicable statutory filing requirements, this dhe Department of State's records.	ate will not be listed as th
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
	re adopted by the shareholders. The number of votes cast for the amendmenti ere sufficient for approval.	(s)
	re approved by the shareholders through voting groups. The following statemed for each voting group entitled to vote separately on the amendment(s):	ient
"The number of vote:	s cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/we action was not required.	re adopted by the board of directors without shareholder action and sharehold	ler
☐ The amendment(s) was/we action was not required.	re adopted by the incorporators without shareholder action and shareholder	
	9/2018	
Dated		
Signature &		
(I s)	By a director, president or other officer – if directors or officers have not been elected, by an incorporator – if in the hands of a receiver, trustee, or other couppointed fiduciary by that fiduciary)	
	ERNESTO O CABRERA	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	