

(F	Requestor's Name)			
V	,			
(A	Address)			
(A	Address)			
(0	City/State/Zip/Phone #)			
PICK-UP	☐ WAIT	MAIL		
(E	Business Entity Name)			
(C	Ocument Number)			
Certified Copies	Certificates of	Status		
Special Instructions to Filing Officer:				

Office Use Only

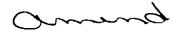


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## **COVER LETTER**

TO: Amendment Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations NAME OF CORPORATION: AMUCING & EBYOWS INC The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Tana toucy
Name of Contact Person MUZING EYEDIOWS IN 7610 Coracul at Tampa F133625 TOWPA FL 33625

City/ State and Zip Code Uniuciryelebrows & Grant (OV)
E-mail address: (b) be used for future annual report notification) For further information concerning this matter, please call: taria tovar Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy (Additional Copy enclosed) is enclosed) Street Address **Mailing Address** Amendment Section Amendment Section Division of Corporations **Division of Corporations** 

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment to

## Articles of Incorporation

of

truzing eyebr	ows Inc				
(Name of Corporation as curren	ntly filed with the Florida Dept. of State)				
P1800 00 33 779					
(Document Number	r of Corporation (if known)				
Pursuant to the provisions of section 607.1006, Florida Statutes, the 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 professional corporation name must contain the				
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	5519 Hanley RD				
	Tawpa F1 83563650 33634 TV				
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	7610 curacul ct = 33625 = 33625 = 33625				
D. If amending the registered agent and/or registered office ad new registered agent and/or the new registered office addre					
Name of New Registered Agent					
(Florida :	street address)				
New Registered Office Address:	, Florida				
	(City) (Zip Code)				
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familia.	nt: r with and accept the obligations of the position.				
Signature of New	Registered 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	<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	Navager/ Josman ABROY	7610 Caracal ot Towpa F1 33625
Add Remove	Omisky	TOWPO Y 33625.
Remove  2) Change	Hanager/ Tania tovar	7610 Caracal ct
Add	Hunager/ Tania tovar	7610 Caralal at Tawpa F1 33625
Remove		
3 ) Change		
Add		
Remove		
4) Change		
Add		<del></del>
Remove		
5) Change		
Add		
Remove		
6) Change		
Add		
Remove		

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)
I am Changing The owner norme to tornice torcer
adress 7610 Curacil OT TOLWPA EL 33625
when I open The Company I was supposed
TO be The REgister agent and I filled on
The form Incorrectly, tank tover was
SUPPOSED TO DE THE OWNER.
<u> </u>
F. 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)

The data of each amendment(a) adoptions	04104	2018	if other than the
The date of each amendment(s) adoption: date this document was signed.			, if other than the
Effective date if applicable:	05/10/10		<del></del> -
	(no more than 90 days after a	mendment file date)	
<b>Note:</b> If the date inserted in this block does not document's effective date on the Department of Section 1.		filing requirements, this date w	ill not be listed as the
Adoption of Amendment(s) (CHE	<u>CK ONE</u> )		
☐ The amendment(s) was/were adopted by the sh by the shareholders was/were sufficient for ap		otes cast for the amendment(s)	
☐ The amendment(s) was/were approved by the smust be separately provided for each voting g			
"The number of votes cast for the amend	ment(s) was/were sufficient fo	r approval	
by	ng group)	·	
(votin	g group)		
☐ The amendment(s) was/were adopted by the beaction was not required.	oard of directors without share	holder action and shareholder	
The amendment(s) was/were adopted by the in action was not required.	corporators without sharehold	er action and shareholder	
Dated	2018		
Signature			
<u> </u>	ent or other officer - if directo	ors or officers have not been	<del></del>
	porator - if in the hands of a re	eceiver, trustee, or other court	
appointed fiduciary b	•	$\circ$	
	Josman	HBRETU	
(T	yped or printed name of perso		
	(M.) 22 (L.)	Imanagei-	
	(Title of person sign	Manager ing)	