P1800051356

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SECRETARY OF STATE

C. GOLDEN

JUL - 9 2013

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: BEAUTIPOOL D	AYS, CORP	
DOCUMENT NUM	P18000051356		
The enclosed Articles	of Amendment and fee are su	ibmitted for filing.	
Please return all corre	spondence concerning this ma	atter to the following:	
	ANDRES F ARAGON		
		Name of Contact Perso	n
	BEAUTIPOOL DAYS, COR	₹P	
		Firm/ Company	<u></u>
	4629 HAMMOCK CIR	• •	
		Address	
	DELRAY BEACH, FL 3344	15	
		City/ State and Zip Cod	e
beaut	ipool days@gmail.com		
		sed for future annual report	notification)
		ovo for factive airman report	Thorne and the same of the sam
For further informatio	n concerning this matter, pleas	se call:	
ANDRES F ARAGO	N:	561	667-4781
Name o	of Contact Person	at (561) 667-4781 Area Code & Daytime Telephone Nu	
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	artment of State:
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$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		Ameno Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILED

2018 JUL -5 PM 3: 41

BEAUTIPOOL DAYS, CORP

(<u>Name of Corporation as curren</u>	ntly filed with the Florida Dept. of State) SECRETARY OF ST TALL AHASSEE, FLO
218000051356	IALLAMASSEE.FLC
(Document Number	of Corporation (if known)
tursuant to the provisions of section 607,1006. Florida Statutes, this Articles of Incorporation:	is Florida Profit Corporation adopts the following amendment(s)
a. If amending name, enter the new name of the corporation:	
√A	The new
ame must be distinguishable and contain the word "corporat Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or ord "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	N/A
Principal office address MUST BE A STREET ADDRESS)	
. Enter new mailing address, if applicable:	Alla
(Mailing address MAY BE A POST OFFICE BOX)	N/A
 If amending the registered agent and/or registered office ad- new registered agent and/or the new registered office addre. 	
	Shi a
Name of New Registered Agent N/A	
Name of New Registered Agent N/A	
Name of New Registered Agent (Florida s	street address)
Name of New Registered Agent N/A	street address), Florida (City) (Zip Code)

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 D	<u>oe</u>	
\underline{X} Remove	<u>V</u>	Mike Jo	<u>ones</u>	
X Add	<u>sv</u>	Sally S	mith_	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change	VP		IVETTE CAVARD	4629 HAMMOCK CIR
X Add				DELRAY BEACH, FL 33445
Remove				
2) Change		_		
Add				
Remove				·
3) Change				
Add				
Remove				
4) Change		_		
Add				
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)	
N/A	
N/A	
N/A	 -
N/A	
N/A	
N/A	
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) N/A	
N/A	
N/A	
N/A	
N/A	
N/A	
	·
	 -

	. 06/15/2018	
The date of each amendment(s) date this document was signed.	adoption:	, if other than the
	/15/2018	
Effective date if applicable:	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the I	block does not meet the applicable statutory filing requirements, this date Department of State's records.	will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
	pproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):	
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by	(voting group)	
,	(voting group)	
☐ The amendment(s) was/were a action was not required.	dopted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were a action was not required.	dopted by the incorporators without shareholder action and shareholder	
06/15/20 Dated Signature	18	
(By a	director, president or other officer- if directors or officers have not been	
	ted, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)	
	ANDRES F ARAGON	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	