P18000054300

(F	equestor's Name)
(A	ddress)
<u></u>	ddress)
(C	city/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(E	Business Entity Name)
(C	Occument Number)
Certified Copies	Certificates of Status
Special Instructions to	o Filing Officer:

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06/28/18--01017--081 **35.00

SECRETIST OF STATE

Amind Manue

JUL 27 2018

I ALBRITTON



July 6, 2018

BEATRIZ CERBONCINI 5829 SW 73TH ST SUITE 10 SOUTH MIAMI, FL 33143

SUBJECT: SKIN, BROWNS & MORE, CORP.

Ref. Number: P18000056300

We have received your document for SKIN, BROWNS & MORE, CORP. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must have original signatures.

A printed signature is not acceptable, please sign the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton Regulatory Specialist II

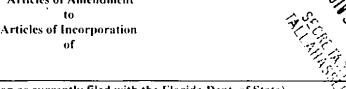
Letter Number: 418A00014002

RECEIVED

18 JUL 26 AH H: 28

SECRETARY OF ANALETALLAHASSEE FOR

Articles of Amendment **Articles of Incorporation**



Articles of Air	nendment
to Articles of Inco	orporation Filed with the Florida Dept. of State
of OCIN DECIMALS & MODE CORD	The S
SKIN, BROWNS & MORE, CORP. (Name of Corporation as currently	filed with the Florida Dept. of State)
P18000056300	The with the Florida Stept. of State
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment
A. If amending name, enter the new name of the corporation:	
SKIN, BROWS & MORE, CORP.	The new
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "C word "chartered," "professional association," or the abbreviation "I	${\it Co''}$. A professional corporation name must contain the ${\it P.A.}''$
B. Enter new principal office address, if applicable:	9027 SW 1/2 PL
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	9027 SW 1/2 PL Mianii, FL 33176
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	9027 5W 112 PC
	9027 5W 1/2 PC MIAMI, FL 33176
D. If amending the registered agent and/or registered office addre	
new registered agent and/or the new registered office address:	
Name of New Registered Agent	
. !	
(Florida stre	et address)
New Registered Office Address:	, Florida
(1)	City) (Zip Code)
l	
New Registered Agent's Signature, if changing Registered Agent:	
hereby accept the appointment as registered agent. I am familiar w	ith and accept the obligations of the position.
1	
Signature of New Re	gistered 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	<u>PT</u>	John De	<u>oc</u>	
X Remove	$\underline{\mathbf{V}}$	Mike_Jo	nes	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
1) Change		_		
Add				
Remove				
2) Change				
Add		_		
Remove				
3) Change				
Add		_		
Remove				
4) Change		-		
Add				
Remove				
5) Change				
Add				
Remove				
6) Change		_		
Add				
Remove				

acn <i>adamo</i> i	r adding additional Art nal sheets, if necessary).	(Be specific)			
					
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	ent provides for an exc r implementing the am				es.
	olicable, indicate N/A)	chament ii not co	intained in the ain	enament usen.	

TTI - 1 4 - 6 - 1 1 1	06/25/2018	if askuu shaa sh
The date of each amendment(s date this document was signed.) adoption:	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in the document's effective date on the	is block does not meet the applicable statutory filing requirements, this date will Department of State's records.	not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) is sufficient for approval.	
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	
"The number of votes c	ast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder	
06/27/ Dated	2018	
	BENTRIZ CEREONCIN. Derhmuj	<u> </u>
sele	a director, president or other officer – if directors or officers have not been cted, by an incorporator – if in the hands of a receiver, trustee, on other court ointed fiduciary by that fiduciary)	
	BEATRIZ CERBONCINI	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	