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SEP 12,2018 S. YOUNG

## **COVER LETTER**

TO: Amendment Section Division of Corporations Blauty & Brains Enterprises Inc. P18000056646 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Sheikera Williams Blauty: Brains Enterprises Inc. 2050 NW 28 TENRACE

Address

Fort Lawderdale, F. 33311

City/ State and Zip Code SWILLIAMS & beauty brainsinc. com

E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Sheikera Williams at ( 954 ) 300 · 5426

Area Code & Daytime Telephone Number 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 enclosed) (Additional Copy

## 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

is enclosed)

## Articles of Amendment to Articles of Incorporation of of

Blauty & Blains Enterprises, Inc	
P18000056646	tly filed with the Florida Dept. of State)
	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	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 "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 MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1830 N. University Drive
	Plantation. FL 33322
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office addres	
Name of New Registered Agent	
	<b>₩</b> . <b>3</b>
New Registered Office Address:	reel address)
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agen	
I hereby accept the appointment as registered agent. I am familiar	with and accept the obligations of the position. $\omega$
Signature of New 2	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: XChange	<u>PT</u> <u>John</u>	1 Doc	
X Remove	V <u>Mik</u> e	e Jones	
X Add	<u>SV</u> <u>Sally</u>	: Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
I) Change	_D_	Rousevelt Butter	8520 NW 38 Ct
Add Remove			Coral Springs, Re 33065
2) Change Add	<u>CEO</u>	Rossevelt Butler	8320 NW 38 Ct Cord Sparys, 12 33065
Remove 3) Change Add	<u>D</u>	Shrikera Williams	2050 NW 28 Terrace Fort Laudirdali, Fi 33511
Remove  4) Change  Add  Remove	<u>COO</u>	Sheikera Williams	2050 NW 28 Terrace Fort Landerdak, FI 35311
5) Change Add Remove			
6) Change Add Remove			

	(Be specific)		
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f an amendment provides for an exc	nange, reclassification, or cancellation	of issued shares,	
f an amendment provides for an exc provisions for implementing the am	nange, reclassification, or cancellation	of issued shares, nent itself:	
f an amendment provides for an exc provisions for implementing the am (if not applicable, indicate N/A)	nange, reclassification, or cancellation number if not contained in the amendi	of issued shares, nent itself:	
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The date of each amendment(s) adoption:	, if other than the
date this document was signed.	•
Effective date if applicable:	
(no more than 90 days after amendment file date)	<del></del>
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will document's effective date on the Department of State's records.	l not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes east for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated	
Signature	
(By a director; president or other officer - if directors or officers have not been	_
selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
Shaikan Williams	
Sheikera Williams	
(Typed or printed name of person signing)	
Chief Operations Officer (Title of person signing)	
(Title of person signing)	<del></del>