# P18000063675

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#### **COVER LETTER**

**TO:** Amendment Section **Division of Corporations** A.T. MAKE ME BEAUTIFUL. INC. NAME OF CORPORATION: P18000063675 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: BEATRICE BIANCHI FASANI Name of Contact Person BFF LEGAL Firm/ Company 420 LINCOLN ROAD SUITE 357 Address MIAMI BEACH: FL, 33139 City/ State and Zip Code BBIANCHI@BFFLEGAL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: BEATRICE BIANCHI FASANI Name of Contact Person 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 (Additional Copy enclosed) is enclosed)

## **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

# **Articles of Amendment Articles of Incorporation**

	of		
A.T. MAKE ME BEAUTIFUL, INC.			
(Name of Corporation as curr	ently filed with the Florid	la Dept. of State)	
P18000063675			
(Document Numb	er of Corporation (if know	n)	
Pursuant to the provisions of section 607.1006. Florida Statutes, its Articles of Incorporation:	this Florida Profit Corpor	ation adopts the following amendme	ent(s) to
A. If amending name, enter the new name of the corporation	ı <u>:</u>		
N/A		The new	
name must be distinguishable and contain the word "corpor "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," oword "chartered," "professional association," or the abbreviation.  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)	or "Co". A professional		
D. If amending the registered agent and/or registered office a new registered agent and/or the new registered office add		he name of the	
N/A  Name of New Registered Agent			
(Florid	la street address)		
New Registered Office Address:		. Florida	
res registeren opper mareas.	(City)	(Zip Code)	

New Registered Agent's Signature, if changing Registered Agent:

Thereby accept the appointment as registered agent. I am familiar 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	<u>PT</u>	John Doe					
X Remove	<u>v</u>	Mike Jones					
_X Add	<u>sv</u>	Sally Smith					
Type of Action (Check One)	Title	<u>Nam</u>	<u>e</u>		<u>Addres</u> s		
X 1) Change	P	AGA	ATA TORRONE		420 LINCOLN ROAD		
Add					SUITE 357		
Remove					MIAMI BEACH, FL. 33139		
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 addi	tional Articles, enter cl	hange(s) here:		
(Attach additional sheets, if n	ecessary). (Be specific	:)		
N/A				
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F. If an amendment provides I	for an exchange, reclas	sification, or cancella	tion of issued shares	S.
provisions for implementing	ng the amendment if no	t contained in the an	endment itself:	_
(if not applicable, indic	ate N/A)			
N/A				
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OCTOBER 12 2018 \_\_\_\_\_, if other than the The date of each amendment(s) adoption: \_\_\_\_\_\_\_ date this document was signed. Effective date if applicable: (no more than 90 days after amendment file date) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. Adoption of Amendment(s) (CHECK ONE) ☑ The amendment(s) was/were adopted by the shareholders. The number of votes cast 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 (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. **OCTOBER 12, 2018** 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)

AGATA TORRONE

(Typed or printed name of person signing)

DIRECTOR

(Title of person signing)

# ADDITIONAL INFORMATION

Currently, Agata Torrone is listed as the "D" of the CompanY. There is a change, Agata Torrone is now the President. Please note that her position should be posted on Sunbiz as "President" (not only "P"). This has been required by the bank.

Suff



420 Lincoln Road, Suite 357, Miami Beach FL. 33139 o: 305.489.9100, f: 305.675.3352, www.bfflegal.com

10/12/2018

Florida Department of State Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

To Whom It May concern.

Please find enclosed:

- ARTICLES OF AMENDMENT OF A.T. MAKE ME BEAUTIFUL, INC.
- CHECK FOR \$35.00

Please, contact us should you have any question or concern.

Best Regards.

Beatrice Bianchi Jasani

Beatrice Bianchi Fasani, Esq.