P18000065078

(Re	equestor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phon	ne #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Na	me)
(Do	ocument Number)
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	



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2019 MAY 22 PM 3: 0

O. GOLDEN MAY 2.2 2019

COVER LETTER

TO: Amendment Section Division of Corporations BEATIFUL TOUCH NAME OF CORPORATION: P18000065078 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: A BEAUTIFUL TOUCH INC
Firm/Company

3024 North Powers Dr. Apt165

Address do Floride 32 818 E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: PHILLIP LAMBERT at (407) 953-2825

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 & **□**\$52.50 Filing Fee **□\$**43.75 Filing Fee & Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy 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

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FLORIDA DEPARTMENT OF STATE **Division of Corporations**

May 8, 2019

PHILLIP LAMBERT 3024 NORTH POWERS DRIVE APT. 165 ORLANDO, FL 32818

SUBJECT: A BEAUTIFUL TOUCH INC

Ref. Number: P18000065078

We have received your document and check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

The date of adoption of each amendment must be included in the document.

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

If the corporation is a **PROFIT** corporation it must be signed 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.

If the corporation is a **NOT FOR PROFIT** corporation it must be signed by the chairman or vice chairman of the board, president or other officer - if directors have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.

The name and title of the person signing the document must be noted beneath or opposite the signature.

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

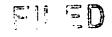
If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden Regulatory Specialist II

Letter Number: 719A00009284

www.sunbiz.org

Articles of Amendment to Articles of Incorporation of



A BEAUTIFUL TOUCH INC

2019 MAY 22 PM 3: 03

(Name of Corporation as currently filed with the Florida Dept. of State) P18000065078

5-2,11

P1800	0000070		
(Document Num	ber of Corporation	(if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes its Articles of Incorporation:	, this <i>Florida Profit</i>	Corporation adopts t	he following amendment(s
A. If amending name, enter the new name of the corporation	<u>n:</u>		
name must be distinguishable and contain the word "corpo" "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc.," word "chartered," "professional association," or the abbrevia	or "Co". A profe		
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)			<u>.</u>
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>)			
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office ad	address in Florida	, enter the name of t	h <u>e</u>
Mark the second of the second			
(Flori	ida street address)	····	
New Registered Office Address:	(City)	, Florid	da(Zip Code)
New Registered Agent's Signature, if changing Registered A I hereby accept the appointment as registered agent.—I am fami	e <mark>gent:</mark> iliar with and accep	t the obligations of the	position.
Signature of N	New Registered Ager	nt. if changing	

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.

17pt16

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)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	V	Phillip Lambert	3024 North Powers or.
Add X Remove			5/mid 35818
2) Change Add	·		
Remove 3) Change			
Add			
Remove			
4) Change Add			
Remove			
5) Change			
Add Remove			
6) Change			
Add			
Remove			

f amending or adding a Attach <i>additional sheets,</i>	if necessary).	(Be specific)			
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an amendment provid	les for an each	ange reclassification	n or cancellation	of issued shares	
<u>provisions for impleme</u>	nting the amer	dment if not contain	ned in the amendr	nent itself:	
(if not applicable, in	ndicate N/A)				
					
			<u> </u>		

	. if other than the
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 n document's effective date on the Department of State's records.	ot be listed as the
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	
by	
(voling 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 05/16/19	
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)	-
PHILLIP LAMBERT (Typed or printed name of person signing)	
VICE PRESIDENT (Title of person signing)	