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TO: Amendment Section Division of Corporations

Y ...

NAME OF CORPOR	ATION: FLAWLESS BY G	SM, INC.	
DOCUMENT NUMB	ER: P18000067111		
The enclosed Articles of	f Amendment and fee are sub	omitted for filing.	
Please return all corresp	oondence concerning this mat	ter to the following:	
(GHASSAN MEHIO		
-		Name of Contact Person	
ł	FLAWLESS BY GM, INC.		
-		Firm/ Company	
	1825 PONCE DE LEON, S	STE. 68	
•		Address	
	CORAL GABLES, FL 3313	34	
-		City/ State and Zip Code	•
FLCC	ONSULTING@YAHOO.C	ОМ	
		sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
GHASSAN MEHIO		at (697-5235
Name of Contact Person		at (697-5235 de & Daytime Telephone Number
Enclosed is a check for	r the following amount made	payable to the Florida Dep:	ariment of State:
S35 Filing Fec	☐S43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐S52.50 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		Amene Divisio Cliftor	Address Iment Section on of Corporations of Building Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

FLAWLESS BY GM, INC.		
(Name o	f Corporation as currently filed with the Flor	ida Dept. of State)
P18000067111		
	(Document Number of Corporation (if know	vn)
Pursuant to the provisions of section 607.1 its Articles of Incorporation:	1006, Florida Statutes, this <i>Florida Profit Corpo</i>	pration adopts the following amendment(s) to
A. If amending name, enter the new na	me of th <u>e corporation:</u>	
		The new
name must be distinguishable and cont "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associat	ain the word "corporation," "company," or ation "Corp," "inc," or "Co". A professiona tion," or the abbreviation "P.A."	"incorporated" or the abbreviation I corporation name must contain the
B. Enter new principal office address,	if applicable:	
(Principal office address MUST BE A.S.	TREET ADDRESS)	
		00.
		
C. Enter new mailing address, if appli	cable:	
(Mailing address MAY BE A POST)	<u> </u>	
D. If amending the registered agent an	d/or registered office address in Florida, ente	r the name of the
new registered agent and/or the nev	w registered office address:	
Name of New Registered Agent		
	1825 PONCE DE LEON, STE. 68	
	(Florida street address)	
	CORAL GABLES	33134 Florida
New Registered Office Address:	(City)	(Zip Code)
New Registered Agent's Signature, if c	hanging Registered Agent:	
I hereby accept the appointment as regis	tered agent. I am familiar with and accept the	onugations of the position.
	Signature of New Registered Agent, if i	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= Trustve; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If un 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	PT John	<u>Doe</u>	
X Remove	<u>V</u> <u>Mike</u>	Jones	
X Add	S <u>V</u> Sally	Smith	
Type of Action (Check One)	Title	<u>Name</u>	Addjess
1) Change			
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Ad d			
Remove			
4) Change			
Add			
Remove			
5)Change			
Add			
Remove			
6) Change			
Add			
D. amouro			

	(Be specific)	s) here:		
			 :	
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			,	
	-			
	<u></u>			
	-h modoccifica	tion or expediation	of issued shares.	
	change, reclassifica	tained in the amend	ment itself:	
an amendment provides for an ex	aendment if not con			
provisions for implementing the an	nendment if not con			
an amendment provides for an exprovisions for implementing the an (if not applicable, indicate N/A)	nendment if not con			
provisions for implementing the an	nendment if not con			
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	nendment it not con			
provisions for implementing the an (if not applicable, indicate N/A)	nendment it not con			

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
(no more th	un 90 days after amendment file date)
Note: If the date inserted in this block does not meet the a document's effective date on the Department of State's record	applicable statutory filing requirements, this date will not be listed as the ds.
Adoption of Amendment(s) (CHECK ONE)	
■ The amendment(s) was/were adopted by the shareholders, by the shareholders was/were sufficient for approval.	The number of votes east for the amendment(s)
☐ The amendment(s) was/were approved by the shareholder must be separately provided for each voting group entitle	s through voting groups. The jollowing statement ed to vote separately on the umendment(s):
"The number of votes cast for the amendment(s) was	s/were sufficient for approval
hv	.,
by(voting group)	
☐ The amendment(s) was/were adopted by the board of direction was not required.	etors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the incorporator action was not required.	s without shareholder action and shareholder
Dated X 9/21/2018	r officer if directors or officers have not been
(By a director, president or other selected, by an incorporator – it appointed fiduciary by that fiduciary	in the hands of a receiver, trustee, or other court
GHASSAN MEHIO	
(Typed or pr	inted name of person signing)
PRESIDENT	
	Title of person signing)