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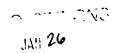
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SECRETARY OF STATE



COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR		LLECTIONS, INC.			
DOCUMENT NUMI	P19000000600 BER:				
The enclosed Articles	of Amendment and fee are so	abmitted for filing.			
Please return all corres	spondence concerning this ma	uter to the following:			
	LAWRENCE HABER				
	Name of Contact Person LAW OFFICES OF LAWRENCE H. HABER, P.A.				
	15 ESCONDEDO COURT, S	Firm/ Company TE, 138			
	ALTAMONTE SPRINGS, F	Address L 32701			
		City/ State and Zip Cod	e		
LAW	RENCEHABER@GMAIL.C	OM			
~~~~	E-mail address: (to be u	sed for future annual report	notification)		
For further information	n concerning this matter, plea	se call:			
LAWRENCEHABER@GMAIL.COM		407 at (	451-2000		
Name of Contact Person			de & Daytime Telephone Number		
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	artment of State:		
■ \$35 Filing Fee	☐\$43.75 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)		
Amo Divi P.O.	Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Corporations		Iment Section on of Corporations Building		

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

VG BEAUTY COLLECTIONS, INC.

(Name of Corporation as cu	rrently filed with the Florida Dept. of State)
P19000000600	
(Document Nur	nber of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statute its Articles of Incorporation:	s, this Florida Profit Corporation adopts the following amendment(s
A. If amending name, enter the new name of the corporati	<u>on:</u>
VG BEAUTY COLLECTION, INC.	The new
	poration," "company," or "incorporated" or the abbreviation or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	T 60 10
	<u> </u>
	——— <del>—————————————————————————————————</del>
C. Enter new mailing address, if applicable:	SS SS
(Mailing address <u>MAY BE A POST OFFICE BOX</u> )	
	Pho 2
	021E
<ol> <li>If amending the registered agent and/or registered office new registered agent and/or the new registered office a</li> </ol>	
	<u>uu (55).</u>
Name of New Registered Agent	<del> </del>
(Flo	rida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fai	
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 Doc			
X Remove	<u>V</u>	Mike Jones			
<u>X</u> Add	<u>sv</u>	Sally Smith			
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	<del></del>		——————————————————————————————————————		
Add			Tag (a) 👺		
Remove			9: 58 ORIOA		
4) Change			<del></del>		
Add					
Remove			<del></del>		
5) Change		_			
Add					
Remove					
5) Change					
Add					
Remove					

If amending or adding additional Artic Attach additional sheets, if necessary).	(Be specific)	
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f an amendment provides for an exch	ange, reclassification, or cancellation of issued shares,	
(if not applicable, indicate N/A)	ndment if not contained in the amendment itself:	

01/02/2019	
The date of each amendment(s) adoption:	if other than the
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 document's effective date on the Department of State's records.	not be listed as th
Adoption of Amendment(s) ( <u>CHECK ONE</u> )	
■ 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	4
by	19
(voting group)	ر ا
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	至22
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	年 <b>2</b> 9
01/08/2019 Dated	9:58 STATE
Signature Laurna Haben, ESQ.	
(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)	
LAWRENCE HABER	
(Typed or printed name of person signing)	<del> </del>
AGENT OF OFFICER	
(Title of person signing)	