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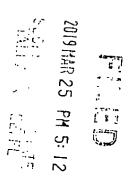
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R. WHITE APR 0 4 2013

COVER LETTER

TO: Amendment Section

Division of Corporations NAME OF CORPORATION: Botox and Brauny, Incorporated DOCUMENT NUMBER: \$19000016607 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Melina Norberto
Name of Contact Person Firm/ Company 8706 Rancho Ct

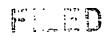
Address

Orlando, FL 32836

City/ State and Zip Code Melinancober-towamail.com
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (321) 246-3472 Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: S35 Filing Fee ■\$43.75 Filing Fee & □S43.75 Filing Fee & ■\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building Tallahassee, FL 32314

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation



2019 HAR 25 PM 5: 12

0	of		ZOLYTIKK ZO	111 3-12
Botox and	Beauty Incom	posated	6. A. 6. A.	37.15
(Name of Corpo	oration as currently	filed with the Flori	ida Dept. of State)	USIF, rL
P19000	2016607			
	Ocument Number of C	Corporation (if know	vn)	
Pursuant to the provisions of section 607,1006, F its Articles of Incorporation:	lorida Statutes, this F	lorida Profit Corpo	ration adopts the follow	ving amendment(s) t
A. If amending name, enter the new name of t	he corporation:			
Allucina F	esthetics	Invocatorat	ed	The new
name must be distinguishable and contain the	word "corporation,	" "company," or	"incorporated" or the	abbreviation
"Corp.," "Inc.," or Co.," or the designation "oword "chartered," "professional association," of	Corp, " "Inc, " or " C	'o". A professional	corporation name mu	st contain the
B. Enter new principal office address, if applied		3959 5	Stone field 1	<u> </u>
(Principal office address MUST BE A STREET	ADDRESS)	000	otonefield 1 ode, FL 32	 807
same as before			100,1 C 22	<i>دسا کسوی</i>
C. Enter new mailing address, if applicable:		670. 0		
(Mailing address MAY BE A POST OFFICE	<u>E BOX</u>)	8 +06 KG	ancho (+	
Same as before		Orland	incho (+ 10 FL 328	36
D. If amending the registered agent and/or reg new registered agent and/or the new register		ss in Florida, enter	the name of the	
	irea mile address.			
Name of New Registered Agent				
	(Florida stree	d address)		
New Registered Office Address:		City)	, Florida	ip Code)
	R	. II <u>V</u>)	(2	ip Code)
New Registered Agent's Signature, if changing	Registered Agent:			
I hereby accept the appointment as registered age		th and accept the ob	digations of the positio	n.
	Signature of New Rey	gistered Agent, if ch	anging	

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>	<u>John Doe</u>	
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			
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change		_	
Add			
Remove			
) Change			
Add			
Remove			

If an amendment provides for an exchange, reprovisions for implementing the amendment if (if not applicable, indicate N/A)							
provisions for implementing the amendment i							
provisions for implementing the amendment i							
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(if not applicable, indicate N/A)	classifica f not con	<u>ation, or</u> ntained ii	cancellatin the am	tion of iss endment	sued share: itself:	<u>'8,</u>	
							
						<u>-</u>	
					<u>-</u>		

The date of each amendment(s) adoption:	, if other than th
date this document was signed.	
Effective date if applicable: (no more than 90 days after amendment file date)	<u> </u>
(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 document's effective date on the Department of State's records.	will not be listed as th
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 statemen must be separately provided for each voting group entitled to vote separately on the amendment(s):	1
"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 $03/20/2019$	
(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)	
(Typed or printed name of person signing)	
CEOD, P (Title of person signing)	