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COVER LETTER

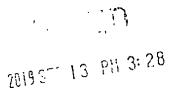
TO: Amendment Section Division of Corporations

NAME OF CORPO	DRATION: BABIES & US CO	ORPORATION	·
DOCUMENT NUM	P1900006		
The enclosed Article	es of Amendment and fee are su	bmitted for filing.	
Please return all corr	respondence concerning this ma	tter to the following:	
	Jose Leon		•
		Name of Contact Perso	n
	LBS Leon Business Services	LLC	
		Firm/ Company	
	8333 West McNab Road Sui		
		Address	_
	Tamarac Florida 33321		
		City/ State and Zip Coc	ie
fle	office@leonbusineservices.com		
	•	sed for future annual repor	t natification)
	iz-man address. (to be to	sed for future annual repor	(notification)
For further informat	ion concerning this matter, pleas	se call:	
Jose Leon LBS		954at (323-9074
Name of Contact Person		Area Co	ode & Daytime Telephone Number
Enclosed is a check	for the following amount made	payable to the Florida Dep	artment of State:
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ai D P.	mendment Section ivision of Corporations O. Box 6327 illahassee, FL 32314	Amen Divisi Clifto	Address dment Section on of Corporations on Building Executive Center Circle

Tallahassee, FL 32301



Articles of Amendment to Articles of Incorporation of



BABIES & US CORPORATION

(Name of Corporation as curre	ntly filed with the Florida Dept. of State)
P19000063205	
(Document Number	r of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, thits Articles of Incorporation:	nis Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corpora "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," of word "chartered," "professional association," or the abbreviation	r "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>)	
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 at new registered agent and/or the new registered office addr	
Name of New Registered Agent	
(Florida	street address)
New Registered Office Address:	, Florida (City) (Zip Code)
New Registered Agent's Signature, if changing Registered Age I hereby accept the appointment as registered agent. I am familia	ent:
Signature of Nev	w 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:

 $P = President; \ V = Vice\ President; \ T = Treasurer; \ S = Secretary; \ D = Director; \ TR = Trustce; \ C = Chairman or Clerk; \ CEO = Chief Executive Officer; \ CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.$

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	
_X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	VP	Maithe Luisbet Martinez Contreras	815 Cotton Bay Drive
X Add			West Palm Beach FL 33406
Remove			
2) Change			<u> </u>
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Romavo			

	ng additional Articles ets, if necessary).— (b	3e specific)			
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an amandment pr	ovides for an exchan	ae reclassificatio	n or cancellation	of issued shares.	
an amendment pr	lementing the amend	ment if not contai	ned in the amend	ment itself:	
to distous for timpi	le, indicate N/A)				
Gf not applicable	,				
(if not applicable					
(if not applicable					
(if not applicab.					
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The date of each amendment(s) add this document was signed.	option:, if other than the
Effective date if applicable:	
	(no more than 90 days after amendment file date)
Note: If the date inserted in this bedocument's effective date on the Do	ock does not meet the applicable statutory filing requirements, this date will not be listed as the partment of State's records.
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were add by the shareholders was/were st	oted by the shareholders. The number of votes cast for the amendment(s) ficient for approval.
☐ The amendment(s) was/were appropriate the separately provided for	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):
	for the amendment(s) was/were sufficient for approval
shareholders	(voting group)
· ————————————————————————————————————	(voting group)
☐ The amendment(s) was/were ad action was not required.	pted by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were ad action was not required.	pted by the incorporators without shareholder action and shareholder
	0/2019
Dated	
(By)) selecti	rector position or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)
	Maithe Contreras
	(Typed or printed name of person signing)
	Vicepresident
	(Title of person signing)