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## **COVER LETTER**

TO: Amendment Section

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Division of Corporations NAME OF CORPORATION: \_ Bold Beauty Brand Inc. DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Brianna Blake Name of Contact Person Bold Beauty Brand Inc. Firm/ Company 1317 Edgewater dr suite 1077 Address Orlando florida 32804 City/ State and Zip Code Brianna@BoldBeautyBrand.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call. at (407 ) 777-4597

Area Code & Daytime Telephone Number Brianna Blake Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee ■\$43.75 Filing Fee & **□\$**43-75 Filing Fee & S52 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

Tallahassee, FL 32303

The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

## Articles of Amendment to Articles of Incorporation of

Bold Beauty Brand Inc.

	of Corporation as currently	filed with the Florida Dept. of S	State)
P20000011028			
	(Document Number of	Corporation (if known)	
Pursuant to the provisions of section 607 its Articles of Incorporation	1006, Florida Statutes, this i	Florida Profit Corporation adopts	the following amendment(s) to
A. If amending name, enter the new n	ame of the corporation:		
name must be distinguishable and contain "Inc.," or Co.," or the designation "C "chartered," "professional association,"	lorp," "Inc," or "Co". A	ompany," or "incorporated" or th professional corporation name	The new e abbreviation "Corp" must contain the word
B. Enter new principal office address, (Principal office address <u>MUST BE A S</u>			
C. Enter new mailing address, if appl (Mailing address MAY BE A POST)  D. If amending the registered agent ar new registered agent and/or the new	OFFICE BOX)  nd/or registered office address:		the
Name of New Registered Agent	Brianna Blake		
	1317 Edgewater dr suite	1077	
	Ælorida stre	ret addressi	
New Registered Office Address:	orlando	, Flor	
		Cuyı	(Zip Code)
New Registered Agent's Signature, if e I hereby accept the appointment as regist	tered agent. I am fauntiar w	2	he position.
	Signature of New Re	gistered Agent, if changing	: <u>:</u> .
Check if applicable			•

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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)

Example:

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-Chairmon 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.

X Change	<u>PT</u>	John Do	ç	
X Remove	$\underline{\mathbf{V}}$	Mike Jor	nes	
X Add	$\underline{SV}$	Sally Sn	nith .	
Type of Action (Check One)	Title		Name	<u>Addres</u> s
1) Change	COO	_	Khalil Reed	1317 Edgewater dr suite 1077
Add				Orlando, fl 32804
X Remove				
2) Change		_		
Add				
Remove 3.) Change		_		
Add				
Remove				· · · · · · · · · · · · · · · · · · ·
4) Change		_		
Add				
Remove				
51 Change		_		
Add				
Remove				
6) Change		_		
Remove				

. <u>If amending or adding additional</u> (Attach additional sheets, if necessor	vy). (Be specific)			
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If an amendment provides for an	exchange, reclassif	fication, or cancel	lation of issued sha	res,
provisions for implementing the (if not applicable, indicate N	amendment if not :  4)	contained in the a	mendment itself:	
rianna Blake 100/100 shares				
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	4/14/2020
The date of each amendment(s) ado	ption:, if other than
late this document was signed.	
4/14/2 Effective date <u>if applicable:</u>	020
meene date il applicable.	(no more than 90 days after amendment file date)
Note: If the date inserted in this bloodocument's effective date on the Department	ek does not meet the applicable statutory filing requirements, this date will not be listed as artment of State's records
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were adopt action was not required.	ed by the incorporators, or board of directors without shareholder action and shareholder
☐ The amendment(s) was/were adopt by the shateholders was/were suffi	red by the shatcholders. The number of votes east for the amendment(s) icient for approval
	oved by the shareholders through voting groups. The following statement ich voting group entitled to vote separately on the amendmentis):
"The number of votes east fo	r the amendment(s) was/were sufficient for approval
bv	<del>.</del>
	(voting group)
4/14/2020	
Dated	
Signature _	
	ctor, president or other officer - ir directors or officers have not been
	by an incorporator – if in the hands of a receiver, trustee, or other court
appointed	fiduciary by that fiduciary)
_	Scianna Blake
	(Typed or printed name of person signing)
	PICEO
	(Title of person signing)