## P20000040558

| (Re                     | questor's Name)       |        |
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| (Cit                    | ry/State/Zip/Phone #) |        |
| PICK-UP                 | ☐ WAIT                | MAIL   |
| (Bu                     | siness Entity Name)   |        |
| (Do                     | cument Number)        |        |
| Certified Copies        | _ Certificates of     | Status |
| Special Instructions to | Filing Officer:       |        |
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Office Use Only



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2021 FEB -8 PM 1: 28
SECRETADY OF STATE

## COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF COR         | PORATION: ELEGANT BEAU              | TY SUPPLIES #50, INC                         |  |
|---------------------|-------------------------------------|--|--|
|                     | JMBER: P20000040558                 |  |  |
| The enclosed Arti   | cles of Amendmens and fee are su    | bmitted for filing.                          |  |
| Please return all c | orrespondence concerning this ma    | itter to the following:                      |  |
|                     | CLAUDIA GARCIA                      |  |  |
|                     |                                     | Name of Contact Perso                        | n  |
|                     | VARGAS, PIEDRA & CO                 |  |  |
|                     |                                     | Firm/ Company                                |  |
|                     | 9100 S DADELAND BLVD                | . STE. 912                                   |  |
|                     |                                     | Address                                      |  |
|                     | MIAMI, FL 33156                     |  |  |
|                     |                                     | City/ State and Zip Cod                      | c  |
|                     | CLAUDIA@VARGASPIED                  | PRA.COM                                      |  |
|                     | E-mail address: (to be us           | sed for future annual report                 | notification)  |
| For further inform  | ation concerning this matter, pleas | se call:<br>at (at                           | 671-0003   |
| .Na                 | me of Contact Person                | Area Co                                      | de & Daytime Telephone Number                                      |
| Enclosed is a chec  | k for the following amount made     | payable to the Florida Dep                   | artment of State:  |
|                     | . Franzenii - r. a                  | □\$43.75 Filing Fee &                        | <del>-</del>   |
| S35 Filing Fe       | Certificate of Status               | Certified Copy (Additional copy is enclosed) | Certificate of Status Certified Copy (Additional Copy is enclosed) |

## Articles of Amendment to Articles of Incorporation of

FILED

|   | 2021 FFR -8 PM 1:28  |
|---|--|
| (Name of Corporation as current   | ly filed with the Florida Dept. of State)  |
| P20000040558  | SECRETARY OF STATE   |
| (Document Number  | of Corporation (if known)  |
| Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:   | Florida Profit Corporation adopts the following amendment  |
| 1. If amending name, enter the new name of the corporation:   |  |
| BEAUTY EXPO CORP  | The new  |
| name must be distinguishable and contain the word "corporation," ' "Inc.," or Co.," or the designation "Corp," "Inc," or "Co", "chartered," "professional association," or the abbreviation "P.A.           | 'company," or "incorporated" or the abbreviation "Corp.,"  A professional corporation name must contain the word |
| B. Enter new principal office address, if applicable:   | 20811 S DIXIE HWY  |
| (Principal office address MUST BE A STREET ADDRESS)   | MIAMI, FL 33189  |
|   |  |
|   |  |
|   |  |
|   | 2081   S DIXIE HWY   |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)   | MIAMI, FL 33189  |
|   |  |
|   |  |
|   | MIAMI, FL 33189    ress in Florida, enter the name of the  |
| (Muiling address MAY BE A POST OFFICE BOX)  D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address                              | MIAMI, FL 33189    ress in Florida, enter the name of the  |
| (Muiling address MAY BE A POST OFFICE BOX)  1. If amending the registered agent and/or registered office address.   | MIAMI, FL 33189    ress in Florida, enter the name of the  |
| (Muiling address MAY BE A POST OFFICE BOX)  D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address Name of New Registered Agent | MIAMI, FL 33189    ress in Florida, enter the name of the  |
| (Muiling address MAY BE A POST OFFICE BOX)  D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address Name of New Registered Agent | MIAMI, FL 33189    ress in Florida, enter the name of the   Si   |

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, ar 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 = Chi Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office her 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 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 Chang Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:

| X Change                   | PT John               | <u>ı Doe</u>   |                     |
|----------------------------|-----------------------|----------------|---------------------|
| X Remove                   | <u>y</u> <u>Mik</u>   | e Jones        |                     |
| X Add                      | <u>SV</u> <u>Sall</u> | y Smith        |                     |
| Type of Action (Check One) | Title                 | Name           | <u>Addres</u> s     |
| 1) X Change                | Р                     | MICHAEL MALOUF | 20811 S DIXIE HWY   |
| Add                        | <del></del>           |                | MIAMI, FL 33189     |
| Remove                     |                       |                |                     |
| 2) Change                  | T                     | BASHIR MALOUF  | 1209 S 30 AVE       |
| Add                        |                       |                | HOLLYWOOD, FL 33020 |
| X Remove                   |                       |                | 1209 S 30 AVE       |
| 3) Change                  | 0                     | FADI MALOUF    | HOLLYWOOD, FL 33020 |
| Add                        |                       |                |                     |
| X Remove                   |                       |                |                     |
| 4) Change                  |                       |                |                     |
| Add                        |                       |                |                     |
| Remove                     |                       |                |                     |
| 5) Change                  |                       |                |                     |
| -                          |                       |                |                     |
| Add                        |                       |                |                     |
| Remove                     |                       |                |                     |
| <i>δ</i> ) Change          |                       |                |                     |
| Add                        |                       |                |                     |
| Remove                     |                       |                |                     |

| If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific) |                       |   |                                       |                                   |             |
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| an amendment pro   | ovides for an exchang | ge, reclassification                        | , or cancellation                     | of issued shares,                 |             |
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| date this document was signed.  |  |
| 02/03/2021 Effective date if applicable:  |  |
| (no more th   | an 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 recor | pplicable statutory filing requirements, this date will not be listed as the                               |
| Adoption of Amendment(s) (CHECK ONE)  |  |
| The amendment(s) was/were adopted by the incorporators<br>action was not required.  | , or board of directors without shareholder action and shareholder   |
| ☐ The amendment(s) was/were adopted by the shareholders, by the shareholders was/were sufficient for approval.            | The number of votes cast for the amendment(s)  |
| ☐ The amendment(s) was/were approved by the shareholder must be separately provided for each voting group entitle         |  |
| "The number of votes cast for the amendment(s) wa   | s/were sufficient for approval   |
| by  |  |
| by(voting group)  |  |
| 02/04/2021  |  |
| Dated   | <del></del>  |
| Signature   |  |
| (By a director, president or other  | officer – if directors or officers have not been in the hands of a receiver, trustee, or other court mary) |
| MICHAEL MALOUF  |  |
| (Typed or prin  | nted name of person signing)   |
| PRESIDENT   |  |
| (Title of perso   | on signing)  |