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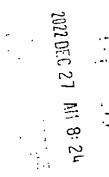
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COVER LETTER

TO: Amendment Section

Division of Corpora	tions		
NAME OF CORPORA	TION: SUGRBUM HYGI	ENICS, INC.	
	R:		
The enclosed Articles of	Amendment and fee are su	bmitted for filing.	
Please return all correspo	endence concerning this man	tter to the following:	
A	LHAJI SESAY		
		Name of Contact Person	
_		Firm/ Company	
62	17 WARING AVENUEPH	B PH3	
	OS ANGELES, CA 90038	Address	
<u></u>		City/ State and Zip Code	
A	LHAJISESAY@ME.COM		
_	E-mail address: (to be us	ed for future annual report	notification)
For further information of	oncerning this matter, pleas	se call:	
ALHAJI SESAY		at (323	839-3750
Name of	Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for t	he 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)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Amen Divisi P.O. B	ng Address Idment Section on of Corporations ox 6327 assee, FL 32314	Amend Division The Co 2415 N	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 ussee, FL 32303

Articles of Amendment to Articles of Incorporation of

poration

SUGRBUM HYGIENICS, INC.		2300 5	- <i>-</i>	
(Name (of Corporation as current	tly filed with the Florida Dept. of State?	Aii 8: 24	
P20000079035		•		
	(Document Number	of Corporation (if known)		
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this	s Florida Profit Corporation adopts the foll	owing amendment(s) to	
A. If amending name, enter the new na	ame of the corporation:			
SESAY COSMETICS CO			The new	
name must be distinguishable and contain "Inc.," or Co.," or the designation "C "chartered," "professional association."	lorp," "Inc," or "Co".	"company," or "incorporated" or the abbre A professional corporation name must c "	viation "Corp.," ontain the word	
B. Enter new principal office address,		14055 WEDDINGTON TERRACE		
(Principal office address MUST BE A S		HUDSON, FL 34669		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		6217 WARING AVENUE PH3		
		LOS ANGELES, CA 90038		
D. If amending the registered agent ar new registered agent and/or the new				
Name of New Registered Agent ALHAJI SANTIGIE SESAY				
Nume of New Registered Agern	14055 WEDDINGTON T	TERRACE	_	
	(Florida s	treet address)	.	
No. Building Committee	HUDSON	569		
New Registered Office Address:		(City), Florida	(Zip Code)	
New Registered Agent's Signature, if of thereby account the appointment as revis.	hanging Registered Ager tered agent - Lam familiar	nt: with and accept the obligations of the posi	tion.	
Thereo, accept the appointment to regard	Alher L			
	Signature of New	Registered Agent, if changing		

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)

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 = ChiefExecutive 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 <u>Doe</u>						
X Remove	<u>V</u>	Mike Jones						
X Add	<u>sv</u>	Sally Smith		No	9/	auge 5		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>		1		<u>Addres</u> s		
1) Change			<u> </u>			<u> </u>		
Add					_			
Remove					-			
2) Change		-						
Add					-			
Remove 3) Change								
Add								
Remove					-			
4) Change		_						
Add						.,		
Remove								
5) Change						<u>. </u>		
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Remove								
6) Change			<u> </u>	<u> </u>				
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Remove								

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If an amendment provi	ides for an exchang	ge, reclassificatio	n, or cancenation	n of issueu snares, dment itself:	
(if not applicable, i	indicate N/A)	ment it not contai	neo in the uniter	and the same	
OT APPLICABLE	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
OT ATTLICABLE			 		
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•	12/18/2022	
The date of each amendment(s) a	doption:	, if other than t
late this document was signed.		
N/A	i	
Effective date <u>if applicable</u> :	d out of the desired	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this locument's effective date on the D	block does not meet the applicable statutory filing requirements, this epartment of State's records.	date will not be listed as t
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were ad action was not required.	opted by the incorporators, or board of directors without shareholder a	iction and shareholder
☐ The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes cast for the amendment ufficient for approval.	ent(s)
must be separately provided for	proved by the shareholders through voting groups. The following state reach voting group entitled to vote separately on the amendment(s):	emeni
"The number of votes cas	t for the amendment(s) was/were sufficient for approval	
by	."	
o,	(voting group)	
12/18/202 Dated		
Signature	(Mhy/// line	
(By a c	lirector, president or other officer - if directors or officers have not be	en
selecto	ed, by an incorporator – if in the hands of a receiver, trustee, or other of	court
арроіі	nted fiduciary by that fiduciary)	
	ALHAJI SANTIGIE SESAY	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	