Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000203345 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : GFS TAX & ACCOUNTING SERVICES

Account Number : I20140000089 : (754)301-2128 : (954)252-4650 Fax Number

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

COR AMND/RESTATE/CORRECT OR O/D RESIGN SKIN USA BOUTIQUE INC

| Certificate of Status | 0       |
|-----------------------|---------|
| Certified Copy        | 0       |
| Page Count            | 01      |
| Estimated Charge      | \$35.00 |

Electronic Filing Menu

Corporate Filing Menu

Ŷ

Page: 2 of 6

\*

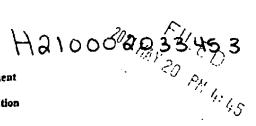
H210002033453

COYER LETTER

| TO: Amendment Sec<br>Division of Corp |   |   |  |
|---------------------------------------|---|---|--|
| NAME OF CORD                          | RATION: SKIN USA BOUTI                    | QUE INC   |  |
| NAME OF CORPO                         | B2100043511                               |   |  |
| DOCUMENT NUM                          | BER: P21000043511                         |   |  |
| The enclosed Articles                 | of Amendment and fee are sub              | omitted for filing.   |  |
| Please return all corre               | espondence concerning this mat            | ter to the following:   |  |
|                                       | GILVAM F DOS SANTOS                       |   |  |
|                                       |   | Name of Contact Person  |  |
|                                       | GFS TAX & ACCOUNTING                      | SERVICES  |  |
|                                       |   | Firm/ Company   |  |
|                                       | 11764 W SAMPLE RD STE                     | 102   |  |
|                                       |   | Address   |  |
|                                       | CORAL SPRINGS FL 33065                    |   |  |
|                                       |   | City/ State and Zip Code  | •  |
|                                       | INFO@GFSTAXACCT.COM                       | 4   |  |
|                                       | E-mail address: (to be us                 | ed for future annual report                                       | notification)  |
| For further information               | on concerning this matter, pleas          | e call:   |  |
| GILVAM F DOS SA                       | INTOS                                     | 954<br>at (   | 9573244  |
| Name                                  | of Contact Person                         | Area Co   | de & Daytime Telephone Number  |
| Enclosed is a check f                 | or the following amount made              | payable to the Florida Depi                                       | artment of State:  |
| \$35 Filing Fee                       | S43.75 Filing Fee & Certificate of Status | \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) |
| Ma                                    | nijing Address                            |   | Addresa  |
| Amendment Section                     |   | Amendment Section Division of Corporations                        |  |
|                                       | vision of Corporations  D. Box 6327       |   | entre of Tallahassee   |
|                                       | liabassee, FL 32314                       |   | N. Monroe Street, Suite 810  |

Tallabassee, FL 32303

Page: 3 of 6



Articles of Amendment to Articles of Incorporation of

| (Name of Corporation a   | as currently filed with the Flori                  | do Dent. of State)  |
|--|--|---|
| P21000043511   |  |   |
| • = • • • • • • • • • • • • • • • • • •  | t Number of Corporation (if know                   | va)   |
| Pursuant to the provisions of section 607,1006, Florida Statists Articles of Incorporation:  |  |   |
| A. If amending name, enter the new name of the corp.   | oration;   |   |
| SKIN BOUTIQUE BY LORENNA INC   |  | The new   |
| name must be distinguishable and contain the word "corporation," or Co.," or the designation "Corp," "Inc," o "chartered," "professional association," or the abbrevia | or co. A projessional corpo                        | vorated" or the abbreviation "Corp" ration name must contain the word |
| B. Enter new principal office address. If applicable: (Principal office address MUST BE A STREET ADDRI   | <u>PSS</u> )                                       |   |
| C. Enter new mailing address, if applicable; (Mailing address MAY BE A POST OFFICE ROX)  |  |   |
| D. If amending the registered agent and/or registered new registered agent and/or the new registered of  | d office address in Florida, ente<br>Tice address: | r the name of the   |
| Name of New Registered Agent   |  |   |
|  | (Florida street address)                           |   |
|  | 1) 10/100 an est dominant                          | 79 -11-   |
| New Registered Office Address:   | (City)   | , Florida (Zip Ceda)  |
| New Registered Agent's Signature, if changing Rests: I hereby accept the appointment as registered agent. I to   | tered Agent;<br>am familiar with and accept the t  | obligations of the position.  |
|  | ure of New Registered Agent (f c                   | <del></del>   |

Check if applicable

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

## H210002033453

19542524650

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:

Page: 4 of 6

P = President; V= Vica 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.

| X Change                      | et l               | ohn Doe    |                |
|-------------------------------|--------------------|------------|----------------|
| X Remove                      | <u>v</u> <u>v</u>  | fike Jones |                |
| X Add                         | <u>sy</u> <u>s</u> | ally Smith |                |
| Type of Action<br>(Check One) | Title              | Name       | <u>Address</u> |
| l) Change                     |                    |            |                |
| Add                           |                    |            |                |
| Remove                        |                    |            |                |
| 2) Change                     |                    |            |                |
| Add                           |                    |            |                |
| Remove 3 ) Change             |                    |            |                |
| Add                           |                    |            |                |
| Remove                        |                    |            |                |
| 4) Change                     |                    |            |                |
| Add                           |                    |            |                |
| Remove                        |                    |            |                |
| 5) Change                     |                    |            |                |
| Add                           |                    |            | <u> </u>       |
| Remove                        |                    |            |                |
| 6) Change                     |                    |            |                |
| Add                           |                    |            |                |
| Remove                        |                    |            |                |

Page; 5 of 6

## H210002033453

| If amending or adding additional Art (Attach additional sheets, if necessary). | (Be specific)  |
|--|--|
| <b>′A</b>  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| -  | <del></del>  |
|  |  |
|  |  |
|  | M. A. A. A. A. A   |
| If an amendment provides for an exc  | hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself: |
| (if not applicable, indicate N/A)  | Conflicted II to Constituted in the Alternatives   |
| /A   |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

19542524650 From: Juliana dos santos

## 4210002033453

| The date of each amendment(s) adoption: if other that   | in the |
|---|--------|
| date this document was signed.  |        |
| Effective date if applicable:   |        |
| Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a document's effective date on the Department of State's records.                         | as the |
| Adoption of Amendment(s) (CHECK ONE)  |        |
| The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.   |        |
| The amendment(s) was/were adopted by the shareholders. The number of votes east 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 statement must be separately provided for each voting group entitled to vote separately on the amendment(s):                    |        |
| "The number of votes cast for the amendment(s) was/were sufficient for approval   |        |
| by(voting group)  |        |
| Signature  (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) |        |
| GILVAM F DOS SANTOS   |        |
| (Typed or printed name of person signing)   |        |
| (Title of person signing)   |        |
| (TING OF PROPERTY)  |        |