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PICK-UP	☐ WAIT	MAIL
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Special Instructions to	Eiling Officer	
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COVER LETTER

TO: Amendment Section .

Division of Corporations	•
NAME OF CORPORATION: BEAUTY TEMPI	LE RECOVERY HOUSE CORP
DOCUMENT NUMBER: P22000047232	
The enclosed Articles of Amendment and fee are se	ubmitted for filing.
Please return all correspondence concerning this in	atter to the following:
	EDWARD MEJIA
	Name of Contact Person
TA	AX BUREAU SERVICE CORP
	Firm/ Company
1835 NW	112ND AV SUITE 164
	Address
MIAMI	FL 33172
	City/ State and Zip Code
EDMEJIA@TBSTAX.NET	
——————————————————————————————————————	ised for future annual report notification)
For further information concerning this matter, plea	ase cali:
EDWARD MEJIA	at (646) 996-4212 Area Code & Daytime Telephone Number
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made	payable to the Florida Department of State:
■ \$35 Filing Fee	☐\$43.75 Filing Fee & ☐\$52.50 Filing Fee Certified Copy Certificate of Status (Additional copy is enclosed) (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

BEAUTY TEMPLE RECOVRY HOUSE CORP

(Name of Corporation as curr	rently filed with the Florida Dept. of State)	
P22000047232		
(Document Numb	ber of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, its Articles of Incorporation:	this Florida Profit Corporation adopts the following amendmen	t(s) to
A. If amending name, enter the new name of the corporation	<u>n:</u>	
BEAUTY TEMPLE HOME 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 "F	". A professional corporation name must contain the word	
P. V. a	27	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		
	<u>2</u>	_
	The state of the s	<u> </u>
	FFL 49)
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
D. If amending the registered agent and/or registered office	e address in Florida, enter the name of the	
new registered agent and/or the new registered office add	dress:	
Name of New Registered Agent		
Man of the Aregisteet agent		
(Florid	ida street address)	
New Registered Office Address:	. Florida	
, ten acguared xyjice . inn. co	(City) (Zip Code)	
New Registered Agent's Signature, if changing Registered A I hereby accept the appointment as registered agent. I am family	Agent: siliar with and accept the oblivations of the position.	
Thereny accept the appointment as registered agent. I am jum	The state of the s	
Signature of N	New Registered Agent, if changing	
Check if applicable		
☐ The amendment(s) is/are being filed pursuant to s. 607.0120	0 (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)

Add

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 = 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 PΤ John Doe X Remove \underline{V} Mike Jones \underline{SV} \underline{X} Add Sally Smith Address Type of Action <u>Title</u> <u>Name</u> (Check One) 1) ____ Change Add __ Remove 2) ____ Change Add Remove Change ___ Add __ Remove 4) ____ Change Add _ Remove 5) ____ Change __ Add ____ Remove 6) ____ Change

Attach additional sheets, if necessary).	eles, enter change(s) here: (Be specific)	
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		SS.
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	change, reclassification, or cancellation of issued shape at if not contained in the amendment itself:	ares.
provisions for implementing the an	nendment if not contained in the amendment itself:	
(if not applicable, indicate N/A)		
**		

	JUNE 14TH, 2022	, if other than the
The date of each amendment(s) at date this document was signed.	option:	// Other than the
Effective date if applicable:	(no more than 90 days after amendment file date)	
Note: If the date inserted in this b document's effective date on the Do	lock does not meet the applicable statutory filing requirements, this department of State's records.	late will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adeaction was not required.	opted by the incorporators, or board of directors without shareholder act	tion and shareholder
E The amondment(a) unachware ad	the state of votes cast for the amendment	it(s)
by the shareholders was/were s		
by the shareholders was/were s ☐ The amendment(s) was/were ap must be separately provided for "The number of votes cas	opted by the shareholders. The littliber of votes east for the amendment of the shareholders through voting groups. The following statem each voting group entitled to vote separately on the amendment(s): for the amendment(s) was/were sufficient for approval	2022 JUN
 by the shareholders was/were s □ The amendment(s) was/were ap must be separately provided for 	officient for approval. proved by the shareholders through voting groups. The following statem each voting group entitled to vote separately on the amendment(s):	2022 JUN