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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORE	PORATION: MADA PERMAN	ENT MAKEUP INC		
DOCUMENT NU	MBER: P24000007264			
	les of Amendment and fee are su	bmitted for filing.		
Please return all co	rrespondence concerning this ma	itter to the following:		
	MARIYA DAVKINA			
		Name of Contact Persor		
	MADA PERMANENT MAI	KEUP INC		
		Firm/ Company	 	
	23096 VIA STEL	, , , , , ,		
		Address		
	BOCA RATON FL 33433			
		City/ State and Zip Code	2	
	mariyadavkina8@gmail.com	ı		
	E-mail address: (to be us	sed for future annual report	notification)	
For further informa	ntion concerning this matter, plea			
	ne of Contact Person	at ()	
Nar	ne of Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check	for the following amount made	payable to the Florida Depo	ortment of State:	
S35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	□S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (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

(Name o	of Corporation as currentl	v filed with the Florida Dept. of State)		
P24000007264				
	(Document Number o	f Corporation (if known)		
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, this	Florida Profit Corporation adopts the following amendment(s) to		
A. If amending name, enter the new na	ame of the corporation:			
		The new		
name must be distinguishable and contain "Inc.," or Co.," or the designation "Contain "chartered," "professional association."	lorp," "Inc," or "Co". 2	company, "or "incorporated" or the abbreviation "Corp.," 4 professional corporation name must contain the word		
B. Enter new principal office address,	if applicable:	23096 VIA STEL		
(Principal office address MUST BE A S	TREET ADDRESS)	BOCA RATON FL 33433		
C. Enter new mailing address, if applications of the control of th		23096 VIA STEL BOCA RATON FL 33433		
D. If amending the registered agent an new registered agent and/or the new				
	MARIYA DAVKINA	- 100 100		
Name of New Registered Agent	23096 VIA STEL			
	(Florida str	ect address)		
New Registered Office Address:	BOCA RATON	Florida 33433		
		(City) (Zip Code?		
New Registered Agent's Signature, if c I hereby accept the appointment as regist		i with and accept the obligations of the position.		

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 = 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	<u>PT</u>	<u>John Da</u>	<u>oc</u>	
X Remove	<u>V</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	nith	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) X Change	PT	_	MARIYA DAVKINA	23096 VIA STEL
Add				BOCA RATON, FL 33433
Remove				
2) Change			·	
Add				
Remove 3.) Change		_		
Add				
Remove				
4) Change				
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		_		
Add				
Remove				

<u></u> (A	tach <i>additional</i> .	dding additional Art sheets, if necessary).	(Be specific)	(3) ICIC.		
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					·	
:. <u>Iſ</u>	an amendment	provides for an excl	iange, reclassificat	ion, or cancella <u>tio</u>	n of issued shares.	
Б	rovisions for in (if not applic	nplementing the ame able, indicate N/A)	<u>ndment if not con</u>	tained in the amer	idment itself:	
	13					
	······································					
						

The date of each amendment(s) date this document was signed.	adoption:, if other than
Effective date if applicable:	
	(no more than 90 days after amendment file date)
Note: If the date inserted in this document's effective date on the l	block does not meet the applicable statutory filing requirements, this date will not be listed as Department of State's records.
Adoption of Amendment(s)	(CHECK ONE)
☐ The amendment(s) was/were a action was not required.	dopted by the incorporators, or board of directors without shareholder action and shareholder
■ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.
	pproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):
"The number of votes ca	st for the amendment(s) was/were sufficient for approval
by	(voting group)
	(voling group)
09/30/20	24
Dated	
SignatureV	Lace
(By a	director, president or other officer - if directors or officers have not been
	ted, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)
"PPA	MARIYA DAVKINA
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)