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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	ORATION: BEAUTY YOU II	NC 		<del></del>
DOCUMENT NUM	P24000015081			
The enclosed Article	s of Amendment and fee are su	bmitted for filing.		
Please return all corr	espondence concerning this ma	tter to the following:		
	SHARMMATIE SUGRIM			
	BEAUTY YOL	Name of Contact Perso	n	
	10040 SW 221 STREET	Firm/ Company		
	MIAMI FL 33190	Address		
		City/ State and Zip Cod	e	
	jennysurg@gmail.com			μ-1**
For further informati	E-mail address: (to be us on concerning this matter, plea	sed for future annual report se call:	notification)	Any of VHASSE
SHARMMATIE SUGRIM		305 at (	9988868	SEE, FL
Name	of Contact Person	Area Code & Daytime Telephone Number		Number
Enclosed is a check t	or the following amount made	payable to the Florida Dep	artment of State:	
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 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		Amend Division The C	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite	810

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

(Name of Corporation as currently	filed with the Florida Dept. of State)	
P24000015081		
· (Document Number of	Corporation (if known)	
Pursuant to the provisions of section 607,1006, Florida Statutes, this Fits Articles of Incorporation:	Ilorida Profit Corporation adopts the following	g amendment(s) t
A. If amending name, enter the new name of the corporation:		
x ) /A		The new
name must be distinguishable and contain the word "corporation," "ce "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."		n "Corp.,"
B. Enter new principal office address, if applicable:		
(Principal office address <u>MUST BE A STREET ADDRESS</u> )		
		<del></del>
C. Enter new mailing address, if applicable:		
(Mailing address <u>MAY BE A POST OFFICE BOX</u> )		~
		<u>-</u>
	· · ·	
N. If any distance and another registered office address.	we in Elevida, autor the name of the	,
D. If amending the registered agent and/or registered office address: new registered agent and/or the new registered office address:	ss in Piorida, enter the hande of the	<del>_</del>
	က်က က <sub>ော</sub>	
Name of New Registered Agent	75	. υ ω
(Florida stre	ot address t	, OI
(Funta sire	er uaur css)	
New Registered Office Address:	, Florida	
'	<i>i.i.y.</i> C	· Out
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent.—I am familiar w	ith and accept the obligations of the position.	
Signature of New Re	gistered Agent, if changing	-
Chast if applicable		
Check if applicable  ☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (or	9. 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= Sucretary; 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> 5.1.</u>	John Doe	
X Remove	$\underline{V}$	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change	Р	SUGRIM SHARMMATIE	10040 SW 221 STREET
Add			MIAMI FL 33190
Remove 2) Change	Р	SEAN CONDRINGTON	10040 SW 221 STREET
X Add			MIAMI FL 33190
Remove 3 ) Change			
Add			
Remove 4) Change			
Add Remove			29
5) Change			259
Add			(25) = 11
6) Change			N 10:3
Add			
Remove			

2/A			
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	ω <sub>σ</sub> .		•
	1	MH 10: 35	
an amendment provides for an exchange, reclassification, or cancellation of issued shares,		ၾ	
rovisions for implementing the amendment if not contained in the amendment itself:  (if not applicable, indicate N/A)	1 * 1		
\(\frac{1}{2} \) \(\frac{1}{2} \)			
<i>\ldot\/</i>			
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	06/22/2024		
The date of each amendment(s) ac	loption:		, it other than the
date this document was signed.			
Effective date <u>if applicable</u> :	1.5		
	(no more than 90 days after amendi	ment file date)	
<b>Note:</b> If the date inserted in this b document's effective date on the De	lock does not meet the applicable statutory filing partment of State's records.	g requirements, this date will n	ot be listed as the
Adoption of Amendment(s)	(CHECK ONE)		
The amendment(s) was/were add action was not required.	pted by the incorporators, or board of directors w	vithout shareholder action and sl	hareholder
The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes c fficient for approval.	ast for the amendment(s)	
must be separately provided for	roved by the shareholders through voting groups, each voting group entitled to vote separately on the state of the state o	the amendment(s);	
	for the amendment(s) was/were sufficient for app	orovai 	
by	(voting group)	<del></del> *	130 E
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Dated			ů.
	$(\mathcal{Q})$	<u>နှင့်</u>	<b>a</b>
Signature		17 T	章 ン
(By a di	rector, president or other officer – if directors or 1. by an incorporator – if in the hands of a receive	or trustee or other court	∴) AMJO: 35
appoint	ed fiduciary by that fiduciary)	in this control court in	35
	Sharmatie Sugrim (Typed or printed name of person sign	ning)	····
	Presedent		
	(Title of person signing)		