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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPO	RATION: Butter & Blush Be	auty Co.	
	BER: P24000041802		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	Virginia Landi		
		Name of Contact Person	n
	Butter & Blush Beauty Co.		
		Firm/ Company	
	200 East Las Olas Boulevard	l, Suite 1400	
		Address	
	Fort Lauderdale, Florida 333	801	
		City/ State and Zip Code	2
	virginia@butterandblush.com	n	
	-	sed for future annual report	notification)
For further informatio	n concerning this matter, pleas	se call:	
Virginia Landi		at (614-6030
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check fo	r the 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)
Ame Divi	ling Address endment Section ision of Corporations Box 6327	Amend Divisio	Address Iment Section on of Corporations entre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

Butter & Blush Beauty Co.	
(Name of Corporation as currently	filed with the Florida Dept. of State)
P24000041802	
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this F its Articles of Incorporation:	lorida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation;	
	The new
name must be distinguishable and contain the word "corporation," "co". Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.4."	ompany," or "incorporated" or the abbreviation "Corp"
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
(Trucqui office adaress <u>meet performed transmission</u>)	
C. P. C.	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
	2024
D. If amending the registered agent and/or registered office addre	ss in Florida, enter the name of the
new registered agent and/or the new registered office address:	
Name of New Registered Agent	\bar{2}_{\bar{2}}}}}\bind\bind\bind{\bind}\bind\bind\bind\bind{\bind}\bind\bind}\bind\bind\bind\bind\bind\bind\bind}\bind\bind\bind\bind\bind\bind\bind\bind
	မှု ကို
(Florida stre	et address)
New Registered Office Address:	, Florida
	City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent:	ent de la contraction de la co
I hereby accept the appointment as registered agent. I am familiar was	ип ана иссері іне овиданоня ој іне розиюн.
Signature of New Reg	gistered 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 = 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	PT	John Doe	
X Remove	Ā	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change	ŸР	Andrew J. Fuentes	200 E Las Olas Blvd., Suite 14(0)
Add			Ft. Laud., FL 33301
X Remove			
2) Change			
Add			
Remove 3) Change		 	
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

amending or adding additional Articles, enter change(s) here: httach additional sheets, if necessary). (Be specific)				
	<u>-</u>		**	
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				-
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				30.16. 40.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 1
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an amendment provides for an exch	ange, reclassificat	<u>ion, or cancellati</u>	on of issued share	\$-
provisions for implementing the ame (if not applicable, indicate N/A)	nament a not cont	aineo in the ame	nament usen:	
(9				
			-	1 22 (110)
			<u> </u>	
				
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	adoption:, if other the
date this document was signed.	
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 E	block does not meet the applicable statutory filing requirements, this date will not be listed repartment of State's records.
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were ad action was not required.	opted by the incorporators, or board of directors without shareholder action and shareholder
☐ The amendment(s) was/were ad by the shareholders was/were s	topted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.
"The number of votes cas	r each voting group entitled to vote separately on the amendment(s): t for the amendment(s) was/were sufficient for approval
	(voting group)
09/03/202 Dated Signature	Janes
(By a c selecte	tirector, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court need fiduciary by that fiduciary)
	Virginia Landi
	(Typed or printed name of person signing)
	President