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COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: ___ BEAUTY LAB, INC. DOCUMENT NUMBER: P95000000840 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: IL YOUNG CHOI, ESQ. Name of Contact Person CHOI & MENEZES, LLP Firm/ Company 1925 Brickell Ave., Suite D-206 Address Miami, Florida 33129 City/ State and Zip Code iyc@choilawfirm.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: IL YOUNG CHOI, ESQ. Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: ■ \$35 Filing Fcc □\$43.75 Filing Fee & ☐\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy 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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation of

BEAUTY LAB, INC.				
(Name o	of Corporation as curr	ently filed with the Florida Dept. of	State)	
P95000000840				
	(Document Numb	er of Corporation (if known)	-	
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes,	this <i>Florida Profit Corporation</i> adopt	s the following amend	nent(s
A. If amending name, enter the new na	nne of the corporation	<u>:</u>	The n	ıalı)
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa B. Enter new principal office address, (Principal office address)	ation "Corp," "Inc," i tion," or the abbreviati If applicable:	or "Co". A professional corporation		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		P.O. BOX 127098		_
· · · · · · · · · · · · · · · · · · ·		Hialeah, Florida 33012	79 70 70 70) -2) () () () ()
D. If amending the registered agent ar new registered agent and/or the new				T 5 10 14
Name of New Registered Agent	IL YOUNG CHOI, ES	SQ.		
	1925 Brickell Ave., St	uite D-206		УÜ
	(Florid	la street address)		
New Registered Office Address:	Miami	FF	33129 orida	
		(City)	(Zip Code)	_

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Rogistered Agent, if changing

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.

Example: X Change X Remove X Add	PT John E V Mike J SV Sally S	lones	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	VD	Rodolfo Perez	2360 NW 150th Street
Add			Opa Locka, FL 33054
X Remove			
2) Change	SD	Blanca Barroeta Hernandez	P.O. Box 127098
X Add		· ·	Hialeah, FL 33012
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Article (Attach additional sheets, if necessary).	ticles, enter change(s) here: (Be specific)
N/A	
<u> </u>	

F. If an amendment provides for an exch	uange, reclassification, or cancellation of issued shares,
provisions for implementing the amer (if not applicable, indicate N/A)	endment if not contained in the amendment Itself:
N/A	
1,7	
-	
1	

The date of each amendment(s) ad date this document was signed.	option:	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bidocument's effective date on the Dep	lock does not meet the applicable statutory filing requirements, this date we partment of State's records.	vill not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ado by the shareholders was/were suf	pted by the shareholders. The number of votes cast for the amendment(s) ficient for approval.	
	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
	pted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were ado action was not required.	pted by the incorporators without shareholder action and shareholder	
Dated <u> </u>	3.20/8 Noto P.	
(by a di selected	rector, president or other officer – if directors or officers have not been I, by an incorporator – if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)	
	ADOLFO PEREZ JR.	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	