P97000102851

(Re	questor's Name)			
(Ad	dress)			
(Ad	ldress)	<u> </u>		
(Cit	ry/State/Zip/Phone	; #)		
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TO: Amendment Section Division of Corporations

NAME OF CORPORAT	TION: HYGENIC LABO	RATIES AND COSMET	ICS, INC.
DOCUMENT NUMBER	P97000102851		
The enclosed Articles of A	Amendment and fee are su	bmitted for filing.	
Please return all correspor	ndence concerning this ma	tter to the following:	
		MONICA TAKIFF	
		Name of Contact Person	
	4.3.4		
	HL(2 Holdings In	<u>-</u>
		Firm/ Company	lic
_		451 SW 28TH AVEN	OE
		Address	22445
		DELRAY BEACH, FL 3	
		City/ State and Zip Co	de
		mtakiff@yahoo.com	
	E-mail address: (to be us	sed for future annual repor	1 notification)
•			
For further information co	ncerning this matter, pleas	se call:	
MONICA TAKIFF		at (445-1154
/ Name of C	ontact Person		ode & Daytime Telephone Number
Enclosed is a check for the	e following amount made	payable to the Florida Dep	partment of State:
□ \$35 Filing Fee	\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Amendr Divisior P.O. Bo	nent Section of Corporations x 6327 ssee, FL 32314	Amen Divisi Clifto 2661	t Address dment Section ion of Corporations n Building Executive Center Circle nassee, FL 32301

Articles of Amendment to Articles of Incorporation

 \mathbf{of}

HYGENIC LABORATORIES AND COSMETICS, INC.

(C)	GENIC LABOR	ATORIES AND COSMETICS, INC.
(Name of Corp	oration as curre	ntly filed with the Florida Dept. of State)
	P970	00102851
(D	ocument Number	of Corporation (if known)
Pursuant to the provisions of section 607.1006, F its Articles of Incorporation:	lorida Statutes, th	is Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of t	he corporation:	
	HLC HOLE	DINGS, INC. The new
	Corp, " "inc," or	tion," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the
B. Enter new principal office address, if appli		A SAN AND AND AND AND AND AND AND AND AND A
(Principal office address <u>MUST BE A STREET</u>	(ADDRESS)	451 SW 28TH AVENUE
		DELRAY BEACH, FL 33445
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	E BOX)	451 SW 28TH AVENUE
		DELRAY BEACH, FL 33445
D. If amending the registered agent and/or renew registered agent and/or the new regist Name of New Registered Agent		
	All soid de	street address)
	N/A	street duaress)
New Registered Office Address:		(City), Florida, Florida
New Registered Agent's Signature, if changing I hereby accept the appointment as registered ag	ent. I am familio	nt: ir with and accept the obligations of the position 7.
	Signature of Nev	v Registered 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 <math>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	<u>PT</u>	John Do	<u>oe</u>	
X Remove	<u>V</u>	Mike Jo	<u>ones</u>	
X Add	<u>SV</u>	Sally Sr	<u>nith</u>	
Type of Action (Check One)	Title		<u>Name</u>	Address
!) Change		_		
Add				
Remove				
2) Change		_		
Add				
Remove				
3) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change				
Add				
Remove				
6) Change		_		
Add				
Remove				

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	N/A
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an amendment provides for an excharovisions for implementing the amen (if not applicable, indicate N/A)	ange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself: N/A
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	JULY 2, 2015	
The date of each amendment(s) a date this document was signed.	doption:	, if other than the
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 D	block does not meet the applicable statutory filing requirements, this date will epartment of State's records.	I not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were ad by the shareholders was/were so	opted by the shareholders. The number of votes cast for the amendment(s) ufficient for approval.	
	proved by the shareholders through voting groups. The following statement reach voting group entitled to vote separately on the amendment(s):	
"The number of votes cas	t for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
	opted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were ad action was not required.	opted by the incorporators without shareholder action and shareholder	
S Dated	EPTEMBER 28, 2015	
Signature	director, president or other officer - if directors or officers have not been	
selecte	director, 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)	_
	MONICA S. TAKIFF	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	