PP900029396

(Requestor's Name)	
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(, (ddie33)	
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SECRETARY OF STATE

TALLAHASSEE FI ORIDA

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Miracle E	yebrows INC
DOCUMENT NUMBER: P09000029396	
The enclosed Articles of Amendment and f	
Please return all correspondence concerning	this matter to the following:
	Rafi Qureshi
	Name of Contact Person
	Third Company
	Address 5042 Silver Saddle Ct, Dublin, OH - 43016
·	City/ State and Zip Code
rafi.qures	 hi@gmail.com
	(to be used for future annual report notification)
For further information concerning this mat	ter, please call:
Syed Quadri	at (313) 399-1149
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount	nt made payable to the Florida Department of State:
■ \$35 i thing Fee □\$43.75 Filing Certificate of	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassec, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Miracle Eyebrows INC		
(Name	of Corporation as currently	filed with the Florida Dept. of State)
P09000029396		
	(Document Number of C	Corporation (if known)
	(2000	
Pursuant to the provisions of section 607 its Articles of Incorporation:	1006, Florida Statutes, this <i>F</i>	lorida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new na	ame of the corporation:	
BROW BAR INC		The new
	nation "Corp," "Inc." or "C	" "company," or "incorporated" or the abbreviation o". A professional corporation name must contain the .A."
B. Enter new principal office address,	if applicable:	5042 Silver Saddle Ct, Dublin, OH - 43016
(Principal office address MUST BE A S		
C. Enter new mailing address, if apple (Mailing address MAY BE A POST) D. If umending the registered agent an new registered agent and/or the new registered	OFFICE BOX)	5042 Silver Saddle Ct. Dublin, OH - 43016 ss in Florida, enter the name of the
Nome of New Paristand Ament	Registered Agent Solutions,	Inc.
Name of New Registered Agent	15 OCT - PI - D - D - D	· Air 1
	155 Office Plaza Dr., Suite	
	(Florida stree	(address)
New Registered Office Address:	Tallahassee	Florida 32301 O
		(ib) (Zip Code) (
New Registered Agent's Signature, if cl	nanging Registered Agent:	—————————————————————————————————————
	JA.	Justine Karnell, Asst. Secretary

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 <u>PT</u> John Doe V X Remove Mike Jones \underline{SV} Sally Smith X AddType of Action <u>Title</u> Name Address (Check One) 1596 MILLBROOK RD. PD QUADRI, SYED I 1) ____ Change **CANTON. MI 48188** _____ \oid Remove HÜSSAIN, HYDER 4169 WYANDOTTE WOODS BL' 2) ____ Change DUBLIN, OH 43016 ____ Add __ Remove D KĤAN, JAMAL M 54128 Deer Ridge Ct 3) ____ Change ROCHESTER, MI 48307 Add _ Remove 4) ____ Change ____ Add ____ Remove 5) ____ Change ___ Add ___ Remove 6) ____ Change ____ Add ____ Remove

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
	<u> </u>
	<u>- </u>
-	<u> </u>
an amendment provides for an exch	ange, reclassification, or cancellation of issued shares,
provisions for implementing the amer	ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
·	
·	

· , ,	
The date of each amendment(s) adoption: _ date this document was signed.	if other than the
Effective date <u>il applicable</u> :	
	(no more than 90 days after amendment file date)
Note: If the date inserted in this block does document's effective date on the Department of	not meet the applicable statutory filing requirements, this date will not be listed as the f State's records.
Adoption of Amendment(s) (\underline{C})	HECK ONE)
■ The amendment(s) was/were adopted by the by the shareholders was/were sufficient for	e shareholders. The number of votes cast for the amendment(s)
☐ The amendent(s) was/were approved by t must be separately provided for each votin	he shareholders through voting groups. The following statement ig group entitled to vote separately on the amendment(s):
"The number of votes cast for the am	endment(s) was/were sufficient for approval
bv	
(v	oling group)
☐ The amendment(s) was/were adopted by th action was not required.	c board of directors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by th action was not required.	c incorporators without shareholder action and shareholder
08.28.2017	
Dated	Thanky-
Signature	
(By a director, pro selected, by an in	esident or other officer – if directors or officers have not been corporator – if in the hands of a receiver, trustee, or other court ry by that fiduciary)
Rafi Qure	shi
	(Typed or printed name of person signing)
Vice Pres	ident
-	(Title of person signing)
	(Title of person signing)