



State of Rhode Island
Department of State - Business Services Division

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Articles of Amendment

DOMESTIC Business Corporation

→ Filing Fee: \$50.00 (\$210 for an increase in authorized shares)

Pursuant to the provisions of RIGL § 15-2-305, the undersigned corporation adopts the following Articles of Amendment to its Articles of Incorporation:

1. Entity ID Number: 001709102	2. The name of the corporation is: Flawless Face, Inc.												
3. The shareholders of the corporation (or, where no shares have been issued by the board of directors of the corporation) in the manner prescribed by RIGL <u>§ 15-2-305</u> adopted the following amendment(s) to the Articles of Incorporation on: <u>08/13/2021</u> 09/12/2021													
4. If the entity's name is changing, state the new name: DB Bouslough, Inc. Check the box to indicate no change <input type="checkbox"/>													
5. If the total authorized shares are changing complete the following section: *List ALL authorized shares as of this amendment. <table border="1"> <thead> <tr> <th data-bbox="162 1021 470 1090">Total Authorized Shares (Number of Shares)</th> <th data-bbox="682 1021 868 1056">Class of Stock</th> <th data-bbox="1120 1021 1380 1056">Par Value Per Share</th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table> Check the box to indicate no change <input checked="" type="checkbox"/>		Total Authorized Shares (Number of Shares)	Class of Stock	Par Value Per Share	_____	_____	_____	_____	_____	_____	_____	_____	_____
Total Authorized Shares (Number of Shares)	Class of Stock	Par Value Per Share											
_____	_____	_____											
_____	_____	_____											
_____	_____	_____											
6. If the period of its duration is changing complete the following section: CHECK ONE BOX ONLY <input type="checkbox"/> Perpetual (on-going) <input type="checkbox"/> Date certain for dissolution _____ Check the box to indicate no change <input checked="" type="checkbox"/>													
7. If the entity's purpose is changing complete the following section: *The new purpose should include ALL activity to be transacted in the State of Rhode Island. Check the box to indicate an attachment <input type="checkbox"/> Check the box to indicate no change <input checked="" type="checkbox"/>													

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MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

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8. If adding or amending additional provisions, complete the following section:

Check the box to indicate an attachment

Check the box to indicate no change

9. As required by RIGL 2-2-105, the entity has paid all fees and taxes.

10. Date when these Articles of Amendment will be effective: **CHECK ONE BOX ONLY**

Date received (Upon filing)

Later effective date (Date must be no more than 90 days from the date of filing) _____

Under penalty of perjury, I declare and affirm that I have examined these Articles of Amendment, including any accompanying attachments, and that all statements contained herein are true and correct.

Type or Print Name of Authorized Officer of the Corporation

Date

David Bouslough, President

8/13/21

Signature of Authorized Officer of the Corporation





State of Rhode Island
Department of State | Office of the Secretary of State
Nellie M. Gorbea, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island,
hereby certify that this document, duly executed in accordance with the provisions
of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this
office on this day:

October 06, 2021 12:55 PM

A handwritten signature in blue ink that reads "Nellie M. Gorbea".

Nellie M. Gorbea
Secretary of State

