PD7000128886

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01/24/13--01005--008 **35.00

SECRETARY OF STATE OF STATE OF STATE

Amend 1.24,13

COVER LETTER

Division of Corporations NAME OF CORPORATION: NAIL'S BY ZOILA DOCUMENT NUMBER: <u>P07</u>000128886 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Name of Contact Person City/ State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Enclosed is a check for the following amount made payable to the Florida Department of State: □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee \$35 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed)

Mailing Address

TO: Amendment Section

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

NAIL'S BY ZOILA Corporation as currently filed with the Florida Dept. of State)

P07000128	3886	iorida Dept. of State	,	
(Documer	t Number of Corporation (i	f known)		
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this	Florida Profit Corpo	ration adopts the following	ng amendment(s) to
A. If amending name, enter the new na	me of the corporation:			
				_The new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or "	Co". A professional	"incorporated" or the c corporation name must	ibbreviation contain the
B. Enter new principal office address,				_
(Principal office address MUST BE A S	I KEET ADDKESS)	<u> </u>		_
		<u> </u>		_
C. Enter new mailing address, if appli				
(Mailing address <u>MAY BE A POST</u>	OFFICE BOX)			- 3
				JAN 24 EN 12:
D. If amending the registered agent an new registered agent and/or the new			the name of the	
Name of New Registered Agent	ZOILA ALFONS	0		2 A
	18935 NW 85T	H AVE # 160	6	7.8
	(Florida str	eet address)	22015	
New Registered Office Address:	(City)	·	Florida 33015 (Zip Code)	_
	•			
New Registered Agent's Signature, if c	hanging Degistered Agent			
I hereby accept the appointment as regist	ered agent I and familiar	· with and accept the o	bligations of the position.	
	Coft 4 /hou	10		
Si	gnature of New Kegistered	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.

X Change	<u>PT</u> <u>Johr</u>	1 Doe		
X Remove	<u>V</u> <u>Mik</u>	Mike Jones		
X Add	SV Sall	SV Sally Smith		
Type of Action (Check One)	Title	Name	<u>Addres</u> s	
1) Change	PT	ZOILA ALFONSO	18935 NW 85TH AVE #1606 HIALEAH, FL 33015	
X Add				
Remove				
2) Change	PT	LUCIA A. DELGADO	2510 WEST 56 ST 2115 HIALEAH, FL 33016	
Add				
X Remove				
3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change		-		
Add				
Remove				

1

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)
ARTICLE VII
LUCIA A. DELGADOPRESIDENT2510 WEST 56 ST # 2115 HIALEAH, FŁ 33015(DELETE)
ZOILA ALFONSO-18935 NW 85TH AVE # 1606 HIALEAH, FL 33015PRESIDENT (ADDED)
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:
(if not applicable, indicate N/A)

The date of each amendment(s) a	adoption: 1 14 2 013
Effective date if applicable: 0	1/15/2013
Effective date <u>if applicable</u> .	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
☐ The amendment(s) was/were ad by the shareholders was/were s	lopted by the shareholders. The number of votes east 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)
☐ The amendment(s) was/were adaction was not required.	lopted by the board of directors without shareholder action and shareholder
The amendment(s) was/were adaction was not required.	lopted by the incorporators without shareholder action and shareholder
Dated 01/14	/2013 1
DatedSignature	Juna Dela molo
(Ву а	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 nted fiduciary by that fiduciary)
	LUCIA A. DELGADO
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)