P18000081649

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2021 FEB 12 PM 5: 16 SEORE LAYOF STI

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	DRATION: EMPIRE LASH B	NC		
	1BER: P18000081649			
	es of Amendment and fee are su	ibmitted for filing.		
Please return all cor	respondence concerning this ma	atter to the following:		
	BARBARA GIRALDO			
	Name of Contact Person			
		Firm/ Company		
	6832 STIRLING ROAD			
	HOLLYWOOD FL 33024	Address		
		City/ State and Zip Cod	e	
	EMPIRELASHAÇADEMY(@GMAIL.COM		
		sed for future annual report	notification)	
For further informat	ion concerning this matter, plea	se call:		
BARBARA GIRALDO		at (246-1177	
Name of Contact Person		Area Co	de & Daytime Telephone Number	
Enclosed is a check	for the following amount made	payable to the Florida Dep	artment of State:	
S35 Filing Fee	S43.75 Filing Fee & Certificate of Status	□S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Ai Di Pa	nendment Section vision of Corporations D. Box 6327 Ilahassee, FL 32314	Amend Divisio The Co 2415 Y	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303	

Articles of Amendment to Articles of Incorporation of

2021 FEB 12 PH 5: 18

EMPIRE LASH INC

(Name of Corporation	on as currently filed with the Florida Depth of State) RY OF STATE
P18000081649	MLLAHASSEE, FL
(Docume	ent Number of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida 5 ts Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the cor EMPIRE BEAUTY LASH & BROWS INC	 -
name must be distinguishable and contain the word "corp" Inc., "-or-Co-," or the designation "Corp." "Inc.," or the abbrevi	rporation," "company," or "incorporated" or the abbreviation "Corp.," or "Co". A professional corporation name must contain the word viation "P.A."
3. Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDR</u>	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered new registered agent and/or the new registered of Name of New Registered Agent	ed office address in Florida, enter the name of the
	(Florida street address)
New Registered Office Address:	, Florida (Zip Code)
New Registered Agent's Signature, if changing Regist hereby accept the appointment as registered agent. To	stered Agent: am familiar with and accept the obligations of the position.
Signatu	ture of New Registered Agent, if changing
Theck if applicable	

☐ The amendment(s) is/are being filed pursuant to s, 607.0120 (11) (e), F.S.

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)

Example:

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>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	VP	GINO FALLA	6832 STIRLING ROAD
Add			HOLLYWOOD FL 33024
X Remove			
2) Change			
Add			
Remove 3.1 Change	-		
Add			
Remove			
4) Change			
Add			
Remove			
51 Change			
Add			·
Remove			
6) Change			
Add			
Remove			

<u>f amending or adding additional Arti</u> Attach <i>additional sheets, if necessary).</i>	(Be specific)
	
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II an amendment provides for an eych	ange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	adment if not contained in the amendment itself:
(it not appricative, buttere (0.4)	
-	
	- -
·	

ı	02/02/2021	
The date of each amendment(s) adoption: date this document was signed.		, if other than the
62/02/2021 Effective date <u>if applicable</u> :		
	(no more than 90 days after a	mendment file date)
Note: If the date inserted in this block does document's effective date on the Department	not meet the applicable statutory of State's records.	filing requirements, this date will not be listed as the
Adoption of Amendment(s) (Q	THECK ONE)	
■ The amendment(s) was/were adopted by the action was not required.	ne incorporators, or board of direc	tors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the by the shareholders was/were sufficient for		otes cast for the amendment(s)
☐ The amendment(s) was/were approved by must be separately provided for each votil		
"The number of votes cast for the an	nendment(s) was/were sufficient 6	or approval
by		·"
(v	oting group)	
02/02/2021 Dated		
Signature x		
selected, by an in	esident or other officer – if directe corporator – if in the hands of a re ry by that fiduciary)	
BARBAF	la GIRALDO	
	(Typed or printed name of perso	n signing)
PRESIDE	TNT	
	(Title of person signing)	