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	Fax Number	: (850)617-6380		
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To:				

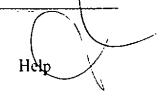
COR AMND/RESTATE/CORRECT OR O/D RESIGN SLAY STYLE INC.

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OCT 17 2022

Electronic Filing Menu

Corporate Filing Menu



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COVER LETTER

TO: Amendment Section Division of Corporations Slay Style Inc NAME OF CORPORATION: DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Galit Yakopor Name of Contact Petson Slay Style Inc Firm/ Company 777 NW 72nd ave unit 1093 Address Miami, Florida 33126 City/ State and Zip Code derhyfinancialservices@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Galit Yakopor Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: **☐\$43.75** Filing Fee & \$52.50 Filing Fee **■\$43.75** Filing Fee & **S** \$35 Filing Fee Certified Copy Certificate of Status Certificate of Status (Additional copy is Certified Copy (Additional Copy enclosed) is enclosed) Street Address Mailing Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

Slay Style Inc		Pent of State)	
	reutly filed with the Florida I	rept. 01 State	
P22000077802		<u> </u>	
·	nber of Corporation (if known)		
Pursuant to the provisions of section 607,1006, Florida Statutes its Articles of Incorporation:	s, this <i>Florida Profit Corporatio</i>	on adopts the fol	lowing amendment
A. If amending name, enter the new name of the corporation	<u>on:</u>		77
name must be distinguishable and contain the word "corporation	or ""compage" or "incornora	red" or the abbr	The new eviation "Corp"
name must be distinguishable and contain the word "corporation" or Co.," or the designation "Corp." "Inc." or "C "chartered," "professional association," or the abbreviation	o . A projessional corporute	on name must	contain the word
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)			
		·	
			
o n			2022 OCT
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		_	<u>_</u>
			<u> </u>
D. If amending the registered agent and/or registered offi-	ce address to Florida, enter th	e name of the	
new registered agent and/or the new registered office a	ddress:		5
Name of New Registered Agent			
71,01			
(Flo	orida street address)		
		. Florida	
New Registered Office Address:	(City)	, , , , , , , , , ,	(Zip Code)
New Registered Agent's Signature, if changing Registered	Agent:		-141
I hereby accept the appointment as registered agent. I am fai	тнаг wи н ала ассері те оонд	utions of the two	Millon.
Signature of	New Registered Agent, if chang	ging	
Check if applicable			
The amendment(s) is/are being filed pursuant to s. 607.012	20 (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 16</u>	ohn Loc		
X Remove	<u>v</u> <u>»</u>	Mike Jones		
_X Add	<u>sv</u> <u>s</u>	Sally Smith		
Type of Action (Check One)	Title	<u>Name</u>	Address	
1) Change	MGR	Galit Yakopor	777 NE 72nd Ave	
* Add			unit 1093 Miami FL, 33126	
Remove				
2) Change				
Add			~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
Remove Change			2022 OCT	1.40
Add				
Remove				, ,
4) Change			<u> </u>	
Add			<u>~</u>	
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

smending or adding additional Articles, enter change(s) here: Attach additional sheets, if necessary). (Be specific)			
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If an amendment provides for an exchange, reclassification, or cancellation of issued shares,	=:	2022 OCT	
provisions for implementing the agreendment it not contained in the amendment asen.	1		
(if not applicable, indicate N/A)	11710	17	
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he date of each amendment(s)	dontion:		, if other than the
te this document was signed.			
	14/2022		
Tective date <u>if applicable</u> :	(no more than 90 days after amendmen	nt file date)	
ote: If the date inserted in this scument's effective date on the I	plock does not meet the applicable statutory filing reportment of State's records.	equirements, this date will	not be listed as the
doption of Amendment(s)	(<u>CHECK ONE</u>)		
The amendment(s) was/were a action was not required.	opted by the incorporators, or board of directors with	nout shareholder action and	shareholder
The amendment(s) was/were a by the shareholders was/were	lopted by the shareholders. The number of votes cast sufficient for approval.	t for the amendment(s)	
The amendment(s) was/were a must be separately provided for	proved by the shareholders through voting groups. It reach voting group entitled to vote separately on the	The following statement e amendment(s):	
"The number of votes ca	t for the amendment(s) was/were sufficient for appro	oval	
		19	
by	Galit Yakopor (voting group)	<u>—</u> ·	
10/14/20 Dated			
Signature		_	
(By a select	director, president of other officer - if directors or of ted, by an incorporator - if in the hands of a receiver, inted fiduciary by that fiduciary)	fficers have not been , trustee, or other court	
	Galit Yakopor		
	(Typed or printed name of person signi	ng)	
	Owner, Manager		20
	(Title of person signing)	· ·	72 OCT
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