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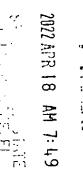
(Red	questor's Name)	
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: MONICA BEAU	ΓY. INC.				
DOCUMENT NUM	P02000035761					
The enclosed Articles	of Amendment and fee are su	bmitted for filing.				
Please return all corre	spondence concerning this ma	tter to the following:				
	ALAN M. STEIN					
	Name of Contact Person					
	ALAN M. STEIN ACCOUNTING & TAX SERVICE, INC.					
	Firm/ Company					
	3930 STATE ROAD 64 EAST					
	Address					
	BRADENTON, FL 34208					
	City/ State and Zip Code					
	STEINACCOUNTING@YAHOO.COM					
	E-mail address: (to be us	sed for future annual report	notification)			
For further information	on concerning this matter, plea		749-5364			
Name of Contact Person		at (at Co) 749-5364 de & Daytime Telephone Number			
	or the following amount made					
S35 Filing Fee	☐\$43.75 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)			
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address 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



MONICA BEAUTY, INC. 2022 APR 18 AM 7: 49

(Name of Corporation as curren	tly filed with the Florida Dept. of State)
P02000035761	met moore, FL
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, thi its Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
J D GARCIA, INC.	The new
name must be distinguishable and contain the word "corporation," "Inc.," or Co" or the designation "Corp," "Inc," or "Co". "chartered," "professional association," or the abbreviation "P.A.	A professional corporation name must contain the word
B. Enter new principal office address, if applicable:	N/A
(Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	N/A
D. If amending the registered agent and/or registered office ad-	dress in Florida, enter the name of the
new registered agent and/or the new registered office address	
Name of New Registered Agent N/A	
(Florida s	treet address)
New Registered Office Address:	(Ciny), Florida (Zip Code)
	(inp cone)
New Registered Agent's Signature, if changing Registered Agen	<u>u:</u>
I hereby accept the appointment as registered agent. I am familiar	with and accept the obligations of the position.
Signature of New	Registered Agent, if changing
•	meganeren ngenti y enangng
Check if applicable	

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

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 Do	<u>oe</u>	
X Remove	<u>v</u>	Mike Jo	nes	
X Add	<u> </u>	Sally Sn	nith	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
1) Change		_	N/A	
Add				
Remove				
2) Change		_		
Add				
Remove 3) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		_		
Add		-		
Remove				

N/A	tional sheets, if necessary). (Be	-F		
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r. <u>11 an amen</u> provision	Iment provides for an exchange, for implementing the amendme	reclassification, or can nt if not contained in the	iceliation of issued snares. To amendment itself:	1
(if no	applicable, indicate N/A)			
N/A				
		<u> </u>		
			· · · · · · · · · · · · · · · · · · ·	
				.

The date of each amendment(s) date this document was signed.	adoption:	, if other than the
Effective date if applicable:		
incense date <u>n appreasie</u> .	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the	block does not meet the applicable statutory filing requirement. Department of State's records.	s, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were a action was not required.	idopted by the incorporators, or board of directors without shareho	older action and shareholder
■ The amendment(s) was/were a by the shareholders was/were	idopted by the shareholders. The number of votes east for the amosufficient for approval.	endment(s)
	approved by the shareholders through voting groups. The following or each voting group entitled to vote separately on the amendmen	
"The number of votes ca	ast for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
Signature (By A	Arector, president or other officer – if directors or officers have red, by an incorporator – if in the hands of a receiver, trustee, or o inted fiduciary by that fiduciary)	not been other court
	JOEL D. GARCIA	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	