



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000329062 3)))



H240003290623ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : KIJOENNA SERVICES INC

Account Number : 120080000033

Phone : (305)644-3055

Fax Number : (305)644-3052

Enter the email address for this business entity to be used for future: annual report mailings. Enter only one email address please. [

Email Address:__

COR AMND/RESTATE/CORRECT OR O/D RESIGN BEST UNISEX CORPORATION

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

Electronic Filing Menu Corporate Filing Menu

Help

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CO	RPORATION: BEST UNISEX CO	ORPORATIO	
	NUMBER: K70063		
	ticles of Amendment and fee are su	bmitted for filing.	
Please return all	correspondence concerning this ma	tter to the following:	
	ENNA DIEPPA		
		Name of Contact Person	
	KISJOENNA SERVIÇ E S IN		•
į	*	Firm/ Company	
	2141 SW 1 ST STE 110		
1		Address	
: 1	MIAMI FL 33135		
į		City/ State and Zip Code	
	KRISJOENNA@YAHOO.C	OM	
	E-mail address: (to be us	ed for future annual report	notification)
For further infor	mation concerning this matter, pleas	se call:	
Sim	na Dioppe	at (, J864997137
N N	lame of Contact Person	Area Coo	10 & Daytime Telephone Number
	eck for the following amount made (
	tok for the following amount matter	payable to the Florida Depa	union of State.
S35 Filing F	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)
	Muiting Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Amend Divisio The Ce 2415 N	Address ment Section n of Corporations entre of Tallahassee J. Monroe Street, Suite 810 ssee, FL 32303

302646305

Articles of Amendment to Articles of Incorporation of

BEST UNISEX CORPORATION

	<u> </u>					
Labore.	(Name	of Corporation as current	ly filed with the Florida Dept. of Sta	te)		
K70063						
		(Document Number of	of Corporation (if known)			
ursuant to ts Articles o	the provisions of section 607 of Incorporation:	.1006, Florida Statutes, this	Florida Profit Corporation adopts the	followin	g amendme	nt(s)
A. <u>If amen</u>	ding name, enter the new n	ame of the corporation:				
iama muet h	distinguishable and contain	u the word "econometics " "	company," or "incorporated" or the al	h fi	_The new	
'Inc.," or (Ço.," or the designation "("professional association."	Corp," "Inc," or "Co"	A professional corporation name mu	st contail	n the word	
3. <u>Enter ne</u>	 <u>ew principal office address,</u>	if applicable:	2140 SW FLAGLER ST STE 108			
Principal o	ffice address MUST BE A S	TREET ADDRESS)	MIAMI FL 33135			
	î Î					
	į					
	ew mailing address, if appl address MAY BE A POST		2140 SW FLAGLER STE STE 108	3 99	20	
`			MIAMI FL 33135	£-0	S 1/2	
			· · · · · · · · · · · · · · · · · · ·	22	 	
			· · · · · · · · · · · · · · · · · · ·	ن کی د د		
	ing the registered agent an stered agent and/or the ne		ress in Florida, enter the name of the		<u> </u>	1
	,	MICHELLE QUINTERO		Tips:	ယ္ •	
<u>Nai</u>	ne of New Registered Agent	2041 NW SOUTH RIVER DR			· 📆	
	1		reet address)		-	
Max	 v Registered Office Address:	MIAMI	, Florida	33125		
<u>Ivev</u>	<u>V Registerea Office Address;</u>		, Florida (City)	(Zip C	Code)	
			•	, ,	•	
	 cred Agent's Signature, if c					
hereby acc	ept the appointment as regist	iered ageni. I am familiar	with and accept the obligations of the p	osition.		
	1	1				
	[\ \tag{\tau}	Tichelle of				
		Signature of New R	egistered Agent, if changing		-	
Check if app	l					
	errandra Francisco de la companya	(07.0100 (11)	/			

The amendment(s) is/arc being filed pursuant to s. 607.0120 (11) (c), F.S.

If unending 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 us a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	PT	John Doe	
X Remove	¥	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	<u>D</u>	ENNA DIEPPA	2041 NW SOUTH RIVER DR
Add			MIAMI FL 33125
X Remove			
2) Change	P	MICHELLE QUINTERO	2041 NW SOUTH RIVER DR
X Add			MIAMI FL 33125
Remove 3) Change	VP	ALISYURI LOPEZ	2041 NW SOUTH RIVER DR
X Add			MIAMI FL 33125
Remove			
4) Change	S	ENNA DIEPPA	2041 NW SOUTH RIVER DR
X Add			MIAMI FL 33125
Remove			
5) Change		•	
Add			
Remove			
6) Change			
Add			
Remove			

						
						_
				- · · · · · · · · · · · · · · · · · · ·	·	
<u> </u>			W			
	-			·		
<u> </u>						
<u> </u>				gg/-1-1		
<u> </u>						
<u> </u>						
!						
						
		·				_
	·			<u> </u>		
<u> </u>		 				
l l						
rovisións for im	provides for an excl plementing the ame	nange, reclassific	eation, or cancelle	ution of issued sha nendment itself:	ires,	
<u>rovisións for im</u>	provides for an excl plementing the ame ible, indicate N/A)	nange, reclassifte	eation, or cuncelle	ution of issued sha nendment itself:	ires,	
<u>rovisións for im</u>	plementing the ame	nange, reclassificendment if not co	eation, or cancelle	ution of issued sha nendment itself:	ires,	
<u>rovisións for im</u>	plementing the ame	nange, reclassific endment if not co	eation, or cuncelle	ation of issued sha mendment itself:	ires,	
<u>rovisións for im</u>	plementing the ame	nange, reclassiftendment if not co	eation, or cuncelle	ution of issued sha nendment itself:	ires,	
<u>rovisións for im</u>	plementing the ame	nange, reclassificendment if not co	eation, or cancelle	ution of issued sha mendment itself:	ires,	
<u>rovisións for im</u>	plementing the ame	nange, reclassiflendment if not co	eation, or cuncelle	ation of issued sha mendment itself:	ires,	
rovisións for im	plementing the ame	nange, reclassificendment if not co	eation, or cancelle	ution of issued sha nendment itself:	ires.	
rovisións for im	plementing the ame	nange, reclassiftendment if not co	eation, or cuncelle	ation of issued sha mendment itself:	ires,	
rovisións for im	plementing the ame	nange, reclassiftendment if not co	eation, or cancelle	ution of issued sha nendment itself:	ires,	
rovisións for im	plementing the ame	nange, reclassiftendment if not co	eation, or cancelle	ation of issued sha nendment itself:	ires.	
rovisións for im	plementing the ame	nange, reclassiftendment if not co	eation, or cancelle	ution of issued sha nendment itself:	ires,	
rovisións for im	plementing the ame	nange, reclassiftendment if not co	ration, or cuncelle	ution of issued sha mendment itself:	ires.	
<u>rovisións for im</u>	plementing the ame	nange, reclassiftendment if not co	eation, or cuncelle	ution of issued sha nendment itself:	ires,	
<u>rovisións for im</u>	plementing the ame	nange, reclassiftendment if not co	ration, or cancelle	ution of issued sha mendment itself:	ires.	
<u>rovisións for im</u>	plementing the ame	nange, reclassiftendment if not co	eation, or cuncelle	ution of issued sha mendment itself:	ires,	

	09/27/2024	
The date of date this doc	cument was signed.	other than the
Effective da	09/27/2024 ate if applicable;	
	(no more than 90 days after amendment file date)	
Note: If the document's	date inserted in this block does not meet the applicable statutory filing requirements, this date will not before two date on the Department of State's records.	e listed as tho
Adoption of	f Amendment(s) (CHECK ONE)	
	Indment(s) was/were adopted by the incorporators, or board of directors without shareholder action and share as not required.	holder
☐ The amen	ndment(s) was/were adopted by the shareholders. The number of votes east for the amendment(s) hareholders was/were sufficient for approval.	
☐ The amen	Indment(s) was/were approved by the shareholders through voting groups. The following statement separately provided for each voting group entitled to vote separately on the amendment(s):	
"Th	ne number of votes cast for the amendment(s) was/were sufficient for approval	
by !		
	(voting group)	
	09/27/24	
	Dated	
	Signature Tide Land	
	(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
	MICHELLE QUINTERO	
ļ	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	