N150000 3560

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone #)
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☐ PICK-UP	MAIT	MAIL
(Bu	siness Entity Name)	······································
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(Da	cument Number)	
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Certified Copies	_ Certificates of	f Status
Special Instructions to	Eiling Officer	
Special instructions to	Filling Officer.	

Office Use Only



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JIVISION OF COSTOT AL



COVER LETTER

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: PINK Nail Society, Inc.
DOCUMENT NUMBER: N15000003560
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Stephen Tendrich
(Name of Contact Person)
Pink Nail Society, Inc. (Firm/Company)
(Firm/ Company)
1401 NE MIAMI Gardens Dr. #297
(Address)
MIQMI, FLOrida 33179 (City/ State and Zip Code)
PINK NOW Society & gmay 1. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Stephen Tendrich 11718 685-4544
(Name of Contact Person) (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the Florida Department of State:
S35 Filing Fee Certificate of Status (Additional copy is enclosed) S35 Filing Fee Certificate of Status (Additional Copy is Enclosed) S35 Filing Fee Certificate of Status (Certified Copy (Additional Copy is Enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment Section

Division of Corporations The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Articles of Amendment

to

Articles of Incorporation of

PINK NOW SOCIETY, I	Linc	
Name of Corporation as currently filed with the Flo		
	10003560	
(Document	Number of Corporation (if known)	
fursuant to the provisions of section 617,1006, Florida mendment(s) to its Articles of Incorporation:	Statutes, this Florida Not For Profit Corporation adopts the	e following
A. If amending name, enter the new name of the cor $\lambda \in A$	rporation:	The new
name must be distinguishable and contain the word "co "Company" or "Co." may not be used in the name.	orporation" or "incorporated" or the abbreviation "Corp."	or "Inc."
3. Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADD</u>	N/A	
rincipui office uuiress <u>most be A StREET Abbi</u>	<u></u>	
C. Enter new mailing address, if applicable:		_
(Mailing address MAY BE A POST OFFICE BOX	$\kappa = \frac{N H}{M}$	
		_
). If amending the registered agent and/or registere		
new registered agent and/or the new registered o	office address:	
	· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:	(Florida street address)	
	Florida	
	(City) (Zip Code)	
iew Registered Agent's Signature, if changing Regis	stered Agent:	
hereby accept the appointment as registered agent. I	am familiar with and accept the obligations of the position	2020 MAR
	Signature of New Registered Agent. if changing	7 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
		A
		-
		8: 09

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 X Remove X Add	PT John I V Mike . SV Sally S	<u>Iones</u>	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change Add		Aaron Mischer	1332 NW 6th Ave Fort Cavallette, PC 33311
Remove 2) Change Add	PT	Stephen Tendrich	1401 NE MINNIGHTOERS DIZ
Remove 3) Remove 4 Add Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. <u>If amending or addi</u> (attach additional she	ng additional Ar ets, if necessary).	ticles, enter change(s) here: (Be specific)	
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The date of each amendment(s) adopted the third amount and ideal and the state of t	tion: MUCH	12 1000		_, if other than the
date this document was signed.		·		_
Effective date <u>if applicable</u> :	1 40 1	after amendment file date)		
	(no more than 90 days	after amendment file date)		
Note: If the date inserted in this block of document's effective date on the Depart	does not meet the applical tment of State's records.	ble statutory filing requiren	nents, this date will not b	be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)			
The amendment(s) was/were adop was/were sufficient for approval.	ted by the members and the	ne number of votes cast for	the amendment(s)	

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.
Dated Warch 12th 7028 Signature Styll, and in
(By the chairman of vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
Stephon Tendrich (Typed or printed name of person signing)
President
(Title of person signing)