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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	' MARGARITA	A BEAUTY SALON & DA	Y SPA, INC
DOCUMENT NUMBER: P050000			
The enclosed Articles of Amendmen	and fee are su	bmitted for filing.	
Please return all correspondence con	cerning this ma	tter to the following:	
	MARGAR	ta Medina Name of Contact Person	Ozuna
	J	Name of Contact Person	1
		Firm/ Company	
1100 N. TUT	LE AVENUE U	JNIT 13	
SARASOTA,	FL 34237	Address	
		City/ State and Zip Cod	2
E-mail ac		sed for future annual report	notification)
MARGARITA Medina Name of Contact Pers	Ozuni	at (941	365-5260
Name of Contact Pers	son	Area Co	de & Daytime Telephone Number
Enclosed is a check for the following	amount made	payable to the Florida Depa	artment of State:
-	Filing Fee & ate 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 Corpor P.O. Box 6327 Tallahassee, FL 32	ations	Amend Divisio The Co	Address ment Section n of Corporations entre of Tallahassee J. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

LE" MARGARITA BEAUTY SALON & DAY SPALING

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

P05000013309 (Document Notes that the provisions of section 607,1006, Florida States its Articles of Incorporation: A. If amending name, enter the new name of the corporation.	,	,	
Pursuant to the provisions of section 607.1006, Florida Statitis Articles of Incorporation:	utes, this Florida Profit Corpo	,	
its Articles of Incorporation:	,	ration adopts the following amendme	
A. If amending name, enter the new name of the corpor	ration:		ent(s) t
		The new	١,
name must be distinguishable and contain the word "corpore" "Inc.," or Co.," or the designation "Corp," "Inc," or "chartered," "professional association," or the abbreviation	"Co". A professional corpo		
B. Enter new principal office address, if applicable:			
(Principal office address MUST BE A STREET ADDRES	<u>(S)</u>		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
(Statung dadress SIAT BE A POST OF FICE BOX)			
D. If amonding the registered and a different and a	05		
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office		the name of the	
		70 0	ŀ
Name of New Registered Agent		· ·	
			:
11	Florida street address)	三 三 三 三 三 三 三 三 三 三 三 三 三 三 三 三 三 三 三	-: ا
New Registered Office Address:		Florida	
	(City)	(Zip Code)	
Name Desired at Association and the state of			
New Registered Agent's Signature, if changing Registere I hereby accept the appointment as registered agent. I am j	<u>:a Agent:</u> familiar with and accept the ol	oligations of the position.	
. ,	•		
Signature	of New Registered Agent, if ch	anging	

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 Doc	
X Remove	<u>V</u>	Mike Jones	
_ <u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	PS	MARGARITA MEDINA OZUNA	1100 N. TUTLE AVENUE UNIT
Add			SARASOTA, FL 34237
X Remove			1100 N. TUTLE AVENUE UNIT
2) Change	P	ELIEZER MANDUJANO	SARASOTA, FL 34237
Add			
Remove 3) Change			
Add			
Remove			
4) Change			a
Add			
Remove			
5) Change			
Add			-
Remove			
6) Change			
Add			
Remove			

(Attach <i>addit</i>	g or adding additional A tional sheets, if necessary). (Be specific)			
					
				·	
					···
					
					
					1- W
				·	
provisions	lment provides for an ex for implementing the ar	change, reclassifica nendment if not con	ition, or cancellation	on of issued shares, ndment itself:	
(if not c	applicable, indicate N/A)				
			,,,	· _•	
<u> </u>					
		-			

The date of each amendment(s) a	doption:	, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bedocument's effective date on the De	clock does not meet the applicable statutory filing requirements epartment of State's records.	, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were addaction was not required.	opted by the incorporators, or board of directors without shareho	lder action and shareholder
☐ The amendment(s) was/were add by the shareholders was/were st	opted by the shareholders. The number of votes east for the ame afficient for approval.	ndment(s)
	proved by the shareholders through voting groups. The following each voting group entitled to vote separately on the amendment	
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
Dated	11/04/20 // OZons irector, president or other officer – if directors or officers have no	at have
selecte	d, by an incorporator – if in the hands of a receiver, trustee, or of ted fiduciary by that fiduciary)	
	(Typed or printed name of person signing)	
	Tormer PS (Title of person signing)	