

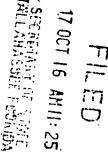
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COVER LETTER

TO: Amendment Section Division of Corporations	
NAME OF CORPORATION: SALON BELLA, INC. DOCUMENT NUMBER: 10600018673	
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
TOAN MANSFIELD Name of Contact Person SAUN BELLA INC. CCHANGING TO LACQUERED UP Firm/ Company NAIL BAR, INC. 1910 ALTERNATE ALA, SUITE 23 Address PALN BEACH GARDENS, FL 33410 City/ State and Zip Code Bleving Copq. Com E-mail address: (to be used for future annival report notification)	. 1
For further information concerning this matter, please call:	
Name of Contact Person at (56/) 307-9291 Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount made payable to the Florida Department of State:	
\$35 Filing Fee	
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle	

Tallahassee, FL 32301

Articles of Amendment
Articles of Incorporation 17 OCT 16 AM 11: 25
SALON BELLA, INC SERVING OF SOME
(Name of Corporation as currently filed with the Florida Dept. of State) will GA
On A A A A A A A A A A A A A A A A A A A
<u> </u>
(Document Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation:
A. If amending name, enter the new name of the corporation:
LACQUERED UP NAIL BAR, INC. The new
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation
"Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."
· · · · · · · · · · · · · · · · · · ·
B. Enter new principal office address, if applicable: 9910 ALTERNATE AIA
(Principal office address MUST BE A STREET ADDRESS)
JANA DEACH COOPERE EL 2011A
PALM BEACH GARDENS, FL 33410
C. Enter new mailing address, if applicable: 9910 ALTERALATE ALA
(Mailing address MAY BE A POST OFFICE BOX)
SUITF 23
PALM BEACH GARDENS, FL 33410
THUM DEACH GARDENS, PC 33 710
D. If amending the registered agent and/or registered office address in Florida, enter the name of the
new registered agent and/or the new registered office address:
Name of New Registered Agent N/H
DALM BEHCH
9910 ALTERNATE AIA SULTE 23 GARDENS, FL33410
(riorida street address)
New Registered Office Address: 4910 ALTERNATE AIA, SUITERS, Florida 33410 PALM BEACH GARDENS (Zip Code)
PAIN RE CEIN CAPAENS (Zip Code)
THEIR DETICES OF MODELLAD
New Registered Agent's Signature, if changing Registered Agent:
I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.
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NIH
Signature of New Registered Agent, if changing

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 Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			<u> </u>
Remove			
6) Change			
Add			
Remove			

A search and distanced above a	Connection Afticles	es, enter change(s) here:
Attach additional sheets, i	necessary). (E	De specific)
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·	. C	manuscharate and the state of t
provisions for implemen	s for an exchang	ge, reclassification, or cancellation of issued shares, ment if not contained in the amendment itself:
(if not applicable, ind	icate N/A)	Henry II Hoc committee in the amendment tisen.
	•	
		. (\
		
		·

The date of each amendment(s) adopt	ion:	, 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 block document's effective date on the Depart	does not meet the applicable statutory filing requirements, this date wiment of State's records.	ll not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were adopted by the shareholders was/were suffici	by the shareholders. The number of votes cast for the amendment(s) ent for approval.	
	ed by the shareholders through voting groups. The following statement h voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for t	he amendment(s) was/were sufficient for approval	
by		
	(voting group)	
☐ The amendment(s) was/were adopted action was not required.	by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were adopted action was not required.	by the incorporators without shareholder action and shareholder	
Dated_QCT	DRFR 10.2017	
Signature	En Manst	
	or, president or other officer – if directors or officers have not been an incorporator – if in the hands of a receiver, trustee, or other court	
	iduciary by that fiduciary)	
	JOAN MANSFIELD	
	(Typed or printed name of person signing)	· ———
	PRESIDENT	
	(Title of person signing)	··· —— -