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## COVER LETTER

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	ATION: COSMOS SALON	& SPA, INC	
DOCUMENT NUMB	ER: P08000065185		
	f Amendment and fee are su	bmitted for filing.	
Please return all corresp	ondence concerning this ma	tter to the following:	
F	ROSARIO CELESTE		
_		Name of Contact Person	1
(	COSMOS SALON & SPA, I	NC	
_		Firm/ Company	
i	33 BUENAVENTURA BL	VD	
-		Address	· ·
ŀ	KISSIMMEE, FL 34743		
_	<del></del>	City/ State and Zip Cod	2
r	nunezcel@yahoo.com		
-	E-mail address: (to be us	sed for future annual report	notification)
For further information	concerning this matter, plea-	se call: at (407	436-86-04
Name of Contact Person		at ( Area Co	de & Daytime Telephone Number
	the following amount made		
S35 Filing Fee	■\$43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Amer Divis P.O. 1	ng Address adment Section ion of Corporations Box 6327 massee, FL 32314	Amend Division The Co 2415 Y	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303

## Articles of Amendment to Articles of Incorporation of

COSMOS SALON & SPALING

(Document Number of Corporation (if known)  Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporati</i>	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporati</i>	
	ion adopts the following amendment(s)
its Articles of Incorporation:	
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation," "company," or "incorpora "Inc.," or Co.," or the designation "Corp," "Inc." or "Co". A professional corporati "chartered," "professional association," or the abbreviation "P.A."	ited" or the abbreviation "Corp.,"
B. Enter new principal office address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	20
	8
C. Enter new mailing address, if applicable:	26
(Mailing address <u>MAY BE A POST OFFICE BQX</u> )	
	<del>-</del>
· · · · · · · · · · · · · · · · · · ·	
D. If amending the registered agent and/or registered office address in Florida, enter the	e name of the
new registered agent and/or the new registered office address:	
Name of New Registered Agent	
(Florida street address)	<del></del>
New Registered Office Address:	, Florida
(Cin)	(Zip Code)
N. D. C. LA G. C. LA L. C. C. LA L. C. C. L. L. C.	
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligi	ations of the position.
	•
Signature of New Registered Agent, if chang	ing

Check if applicable

The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), 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; CF() = 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.

X Change	$\underline{PT}$	John Doe		
X Remove	<u>v</u>	Mike Jones		
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s	
1) Change	V	ELIZABETH QUINONES	13105 SUMMERTON DR	
X Add			ORLANDO, FL 32824	
Remove				
2) Change				
Add				
Remove 3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

f amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
<u> </u>	<u></u>
	<del></del>
f an amendment provides for an exch provisions for implementing the amer (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:

•	• • 10/06/2020	
The date of each amendment(s):	idoption:	if other than the
date this document was signed.	07 (2020)	
Effective date <u>if applicable</u> :	06/2020	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the E	block does not meet the applicable statutory filing requirements, this coepartment of State's records.	late will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were ac action was not required.	lopted by the incorporators, or board of directors without shareholder ac-	tion and shareholder
☐ The amendment(s) was/were ac by the shareholders was/were s	lopted by the shareholders. The number of votes cast for the amendmen sufficient for approval.	t(s)
` '	oproved by the shareholders through voting groups. The following states reach voting group entitled to vote separately on the amendment(s):	nent
"The number of votes cas	t for the amendment(s) was/were sufficient for approval	
ROSARIO CELESTI	•	
oy	(voting group)	
10/06/202	0	
Dated		
	M. Toller	
Signature	director, president or other officer – if directors or officers have not beer	<del></del>
	ed, by an incorporator – if in the hands of a receiver, trustee, or other cou	
	nted fiduciary by that fiduciary)	
	CELESTE ROSARIO	
	(Typed or printed name of person signing)	<del></del>
	PRESIDENT Solle Common State of Control	
	(Title of person signing)	