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March 5, 2019

JAVIER JIMENEZ JIMENEZ & JIMENEZ LLC 9827 NW 32 STREET DORAL, FL 33172

SUBJECT: ICON NAIL SPA CORP Ref. Number: P10000063224

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

ICON NAIL SPA CORP HAS BEEN VOLUNTARILY DISSOLVED ON 2/27/2019. SEE THE ATTACHED PRINTOUT. YOU MAY COMPLETE THE ARTICLES OF REVOCATION OF DISSOLUTION TO REINSTATE THE CORPORATION IN ORDER FOR THE AMENDMENT TO BE FILED.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Susan Tallent Regulatory Specialist II

Letter Number: 319A00004475

ter MR/10

## Jimenez & Jimenez LLC 9827 NW 32<sup>nd</sup> Street Doral, FL 33172

March 24, 2019

Ms. Susan Tallent Florida Department of Revenue Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Subject: ICON NAIL SPA CORP Ref. Number: P10000063224

Dear Ms. Tallent

Attached please find letter and all enclosures from you letter to me dated March 5, 2019.

I had submitted Articles of Amendment for the company of reference above, however while my amendment was in transit, the former owner of the business submitted a voluntary dissolution. This voluntary dissolution has been successfully revoked and the entity is once again in active status and good standing. I wish to resubmit my original request, included as part of the enclosures received.

Payment of the cost to amend were submitted via check number 3752 dated 2/21/2019, copy attached, and cashed by the department of revenue.

I would greatly appreciate if you would be so kind as to send me an email confirmation of receipt to my email address <a href="mailto:javier@jjicpa.com">javier@jjjcpa.com</a> or you may call/text me on my cell phone 305-987-9173.

Thank you in advance for your assistance and prompt attention.

Sincerely

Jayler Jimenez

## **COVER LETTER**

TO: Amendment Section Division of Corporations NAME OF CORPORATION: ICON NAIL SPA CORP DOCUMENT NUMBER: P10000063224 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: JAVIER JIMENEZ Name of Contact Person JIMENEZ & JIMENEZ LLC Firm/ Company 9827 NW 32 STREET Address DORAL, FL 33172 City/ State and Zip Code JAVIER@JJJCPA.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: JAVIER JIMENEZ Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: S35 Filing Fee □S43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Mailing Address Street Address Amendment Section Amendment Section

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Clifton Building

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

## Articles of Amendment to Articles of Incorporation

	•	of			
ICON NAIL SPA CORP					
	of Corporation as curren	ntly filed with the Fl	orida Dept. of State)		
P10000063224	· · · · · · · · · · · · · · · · · · ·	<del></del>			
	(Document Number	of Corporation (if kn	own)		
Pursuant to the provisions of section 607 its Articles of Incorporation:	7.1006, Florida Statutes, th	is <i>Florida Profit Cor</i>	poration adopts the following	ng amen	dment(s) t
A. If amending name, enter the new n	ume of the corporation:				
CELEBRI-TEA NAILS & SPA INC			,,	The	
name must be distinguishable and cor "Corp.," "Inc.," or Co.," or the desig- word "chartered," "professional associa	nation "Corp." "Inc." or	"Co". A profession	r "incorporated" or the i nal corporation name musi	abbrevia Econtain	tion the
B. Enter new principal office address. Principal office address <u>MUST BE A S</u>	<del></del>	<del> </del>			<del></del>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)				· 5	(۱۳۵۱)
		 	- <del> </del>	_ _	
		· · · · · · · · · · · · · · · · · · ·	<u> </u>	_	
D. If amending the registered agent an new registered agent and/or the ne			er the name of the		
Name of New Registered Agent	JAVIER JIMENEZ				
	9827 NW 32 STREET			_	
	(Florida :	street address)		_	
New Registered Office Address:	DORAL		. Florida 33172		
CEN ACTION CONTROL MAN CHIS.			ip Code)		
New Registered Agent's Signature, if of the hereby accept the appointment as regis	tered agent. Lam familia	<u>nt:</u> r with a <b>r</b> A accent the	abligations of the position		
		/ ]	omigunom of the position.		

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.

X Change	<u>PT</u>	John De	<u>oe</u>	
X Remove	Y	Mike Jo	<u>ones</u>	
X Add	<u>sv</u>	Sally S	mith	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
1) Change	P		DANG, KEN	10674 NW 19TH STREET
Add				DORAL, FL 33172
X Remove				
2) Change	P		ANNMARIE THOMAS-RAMJOHN	10674 NW 19TH STREET
X Add				DORAL, FL 33172
Remove				
3 ) Change	S		SHIRLANNE SACHA SINBGH	10674 NW 19TH STREET
X Add				DORAL, FL 33172
Remove				
4) Change		_		<u> </u>
Add				
Remove				
5) Change		_		
Add				<del></del>
Remove				
Change		_		
Add				
Remove				

	(Be specific)
•	
<del></del>	
If an amendment provides for an exch	ange, reclassification, or cancellation of issued shares,
	ndment if not contained in the amendment itself:
provisions for implementing the amer	dement is not contained in the amendment user.
(if not applicable, indicate N/A)	
provisions for implementing the amer (if not applicable, indicate N/A) OTE: AN ARTICLE OF CORRECTION	WAS FILED 4/28/2014 TO CORRECT FEI/EIN TO 32-0352441.
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<ul> <li>The date of each amendment date this document was signed</li> </ul>		, n outer dati ui
	2/15/2019	
• Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
	this block does not meet the applicable statutory filing requirements, this he Department of State's records.	date will not be listed as th
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/we by the shareholders was/w	re adopted by the shareholders. The number of votes cast for the amendment ere sufficient for approval.	u(s)
	re approved by the shareholders through voting groups. The following state ed for each voting group entitled to vote separately on the amendment(s):	ment
"The number of vote	s cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
☐ The amendment(s) was/we action was not required.	re adopted by the board of directors without shareholder action and sharehol	der
☐ The amendment(s) was/we action was not required.	re adopted by the incorporators without shareholder action and shareholder	
2/1 <i>5/</i> . Dated	2019	
	Merkenne far Sing 1	
(I) Si	y a director, president or other officer – if directors or officers have not beelected, by an incorporator – if in the hands of a receiver, trustee, or other ecopointed fiduciary by that fiduciary)	n purt
	SHIRLANNE SACHA SINGH	
	(Typed or printed name of person signing)	
	PRESENTE SECRETARY Surfameson	Par C
	(Title of person signing)	<del></del>