## P11000002227

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## COVER LETTER

**TO:** Amendment Section Division of Corporations

NAME OF CORPORA	ATION: NAILS BY	ΓΙFFANY, INC			
DOCUMENT NUMBER: P11000002227					
The enclosed Articles of Amendment and fee are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
ı	DARYL HALL				
_		Name of Contact Person			
-	TAX PROS				
_		Firm/ Company			
•	15661 SHERIDAN STREET, SUITE 3				
_		Address			
Į	DAVIE, FL 33331				
_	· <del>- · · · · · · · · · · · · · · · · · ·</del>	City/ State and Zip Code	:		
	E-mail address: (to be us	ed for future annual report	notification)		
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
DARYL HALL		at ( 954	274-3881		
Name of	Contact Person	Area Coo	de & Daytime Telephone Number		
Enclosed is a check for the following amount made payable to the Florida Department of State:					
□ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
	ng Address		<u>Address</u>		
Amendment Section		Amendment Section Division of Corporations			
Division of Corporations P.O. Box 6327		Clifton Building			
Tallahassee, FL 32314			xecutive Center Circle		

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

(Name of Corporation as	currently filed with the Florida Dept. of State)		
P11000002227			
(Documer	nt Number of Corporation (if known)		
Oursuant to the provisions of section 607. ts Articles of Incorporation:	1006. Florida Statutes, this <i>Florida Profit Corporat</i>	<i>ion</i> adopts the following a	mendment(s
A. <u>If amending name, enter the new na</u> N/A	me of the corporation:	TPI	he new
	if applicable:		
C. Enter new mailing address, if appli (Mailing address <u>MAY BE A POST (</u>			jin
			131
(Mailing address MAY BE A POST of the Mailing address of the MAY BE A POST of the Mailing address of the May be added as a mailing address of the May be added as a mailing address of the May be added as a mailing address of the May be addressed on the May be	cable: OFFICE BOX)  d/or registered office address in Florida, enter th	e name of the	13 NOV 27 P
(Mailing address <u>MAY BE A POST of</u> ). If amending the registered agent an	cable:  OFFICE BOX)  d/or registered office address in Florida, enter the vergistered of fice address:  DARYL HALL		13 NOV 27 PM II
(Mailing address MAY BE A POST of the second and the registered agent and new registered agent and/or the new	cable:  OFFICE BOX)  d/or registered office address in Florida, enter the vegistered office address:		13 NOV 27 PM 11: 47
(Mailing address MAY BE A POST of the second and second	d/or registered office address in Florida, enter the vegistered of fice address:  DARYL HALL  15651 SHERIDAN STREET, SUITE #		13 NOV 27 PM 11: 47

Signature of Yow Registered Lagat 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	PT	John Doe	
X Remove	<u>v</u>	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	Р	JULIE NGUYEN	15651 SHERIDAN STREE
			SUITE # 800
Remove		,	DAVIE, FL 33331
2) Change	Р	DARYL HALL	15651 SHERIDAN STREE
✓			SUITE # 800
Remove			DAVIE, FL 33331
3) Change	Р	BRYAN CUEVAS	15651 SHERIDAN STREE
✓ ∧dd			SUITE # 800
Remove			DAVIE, FL 33331
4) Change			
∧dd			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional A (Attach additional sheets, if necessary)	
N/A	, , ,
<u> </u>	
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	<del></del>
provisions for implementing the ar	schange, reclassification, or cancellation of issued shares, mendment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
N/A	
<del></del>	
	** 1 Pink
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The date of each amendment(s) adoption: 12.01.2013	, if other than the
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes east for the amendment(s) by the shareholders was/were sufficient for approval.	
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by"	
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 12.01.2013	
Signature  (By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court	_
appointed fiduciary by that fiduciary)	
JULIE NGUYEN	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	_