

P110000015356

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

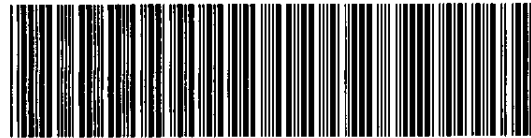
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Mayan Nails & Spa Inc.

DOCUMENT NUMBER: P11000015356

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

DR. Dan Ha
Name of Contact Person

Mayan Nails & Spa Inc.
Firm/ Company

2265 NE 164th Street
Address

North Miami Beach, FL 33160
City/ State and Zip Code

DRdanha@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DR. Dan Ha at (305) 949-7665
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|---|--|--|---|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is enclosed) | <input type="checkbox"/> \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy is enclosed) |
|---|--|--|---|

Mailing Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment
to
Articles of Incorporation
of

Mayan Nails & spa, INC
(Name of Corporation as currently filed with the Florida Dept. of State)

P11000015356
(Document Number of Corporation (if known))

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Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to 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 "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:
(Principal office address MUST BE A STREET ADDRESS)

2265 NE 164th Street
North Miami Beach, FL 33160

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

2265 NE 164th Street
North Miami Beach, FL 33160

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:

DR. DAN Ha

New Registered Office Address:

2265 NE 164th Street

(Florida street address)

North Miami Beach Florida 33160

(City)

(Zip Code)

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.

[Signature]
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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
President	DR. Dan Ha	2208 NW 74 th Ave Pembroke Pines, FL 33024	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
Vice President	Afonso Ocasio	833 NW 9 th Ave Dania Beach, FL 33004	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

E. If amending or adding additional Articles, enter change(s) here:
 (attach additional sheets, if necessary). (Be specific)

N/A

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:
 (if not applicable, indicate N/A)

N/A

The date of each amendment(s) adoption: 9/27/11
(date of adoption is required)
Effective date if applicable: 9/27/11
(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 cast 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 9/27/11

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)

DR. Dan Ha
(Typed or printed name of person signing)

President
(Title of person signing)

Signature Afonso Ocasio

Afonso Ocasio
Vice President

September 27th, 2011

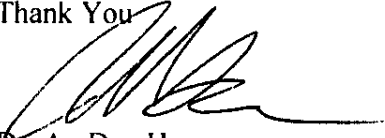
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

RE: Amendment

To Whom it may concern,

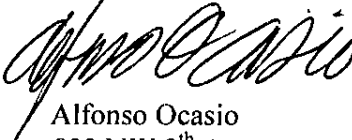
I, Alfonso Ocasio have resigned from the title president of Mayan Nails & Spa, Inc. (EIN: 27-5076804 and Document# P11000015356). I, Alfonso Ocasio is now the vice president. The new president is An Dan Ha. The president and vice president each own 50% of the corporation Mayan Nails & Spa Inc. Enclosed is the \$35 filing fee. If you should have any questions please feel free to contact us at any time.

Thank You



Dr. An Dan Ha
Little Steps Rehabilitation Clinic, Inc.
2265 NE 164th Street
North Miami Beach, FL 33160
Dept: Pediatric Physical Medicine
Office: 305-949-7665
Cell: 954-801-2530
Fax: 305-949-7663

Thank You



Alfonso Ocasio
833 NW 9th Ave
Dania Beach, FL 33004
Cell# 201-780-3290



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 29, 2011

AN DAN HA
MAYAN NAILS & SPA, INC.
2265 NE 164TH STREET
NORTH MIAMI BEACH, FL 33160

Re: Document Number P11000015356

The Officer/Director Resignation was filed on September 29, 2011, resigning ALFONSO OCASIO from MAYAN NAILS & SPA, INC., a Florida corporation.

Should you have any questions regarding this matter, please telephone (850) 245-6050, the Amendment Filing Section.

Irene Albritton
Regulatory Specialist II
Division of Corporations

Letter Number: 911A00022508