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SECRETARY OF STATE

AND FILED

C. LEWIS

JUN 18 2014

EXAMINER

COVER LETTER

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: Mathe Marie Inc & Marie Mathe Inc DOCUMENT NUMBER: P12000049959
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Chyann Fenn Name of Contact Person
Nice Nails Hands & Feet Spa
6301 NW Leth Ave Stetle
miami FL 33150 City/ State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Chyann Fenn at (786), 925-1196 Name of Contact Person at (786) Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) Certified Copy (Additional Copy is enclosed)
Mailing Address Street Address

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

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

APPROVEU AND FILED

Articles of Amendment to Articles of Incorporation

14 JUN -6 PM 12: 16

(Name of Corporation as currently filed with the Florida Dept. of State) (Document Number of Corporation (if known) 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: 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) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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 (Florida street address) New Registered Office Address: 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 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> <u>John</u>	Doe	
X Remove	<u>V</u> <u>Mike</u>	e Jones	
X Add	<u>SV</u> <u>Sally</u>	Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	VP	Lunide Guillaus	Ft lauderdale Fl
Add			Ft lauderdale Fl
Remove			33317
2) Change			
Add			
Remove			
3) Change			
L Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach <i>additional s</i>	ling additional Articles, enter change(s) here: neets. if necessary). (Be specific)	
·		
	N/A	
-		—
		—
		_
provisions for im	rovides for an exchange, reclassification, or cancellation of issued shares, lementing the amendment if not contained in the amendment itself: ole, indicate N/A)	
		_
	NA	_



The date of each amendment(s) adoption: Q / c date this document was signed.	14 JUN -6 PM 12: 16, if other than the
Effective date if applicable: (no more t	SECRETARY UP STATE than 90 days after amendment file date) SEL. 1. 081076
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders by the shareholders was/were sufficient for approval.	s. The number of votes cast for the amendment(s)
The amendment(s) was/were approved by the shareholde must be separately provided for each voting group entitle	
"The number of votes cast for the amendment(s) wa	as/were sufficient for approval
by(voting group)	
(voting group)	
The amendment(s) was/were adopted by the board of direction was not required.	ectors without shareholder action and shareholder
The amendment(s) was/were adopted by the incorporator action was not required.	s without shareholder action and shareholder
Dated (2) 2010 Signature	
	er officer – if directors or officers have not been
selected, by an incorporator – it appointed fiduciary by that fidu	f in the hands of a receiver, trustee, or other court
appointed reductary by that redu	Citally)
('hy	ann tenn
(Туре	d or printed name of person signing)
P	resident
	(Title of person signing)