## P12000 093 873

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SCORETATE OF STATE

AUG 2 7 2019 S. YOUNG

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: VIP LA O NAILS O	CORP
DOCUMENT NUMBER: P12000093873	
The enclosed Articles of Amendment and fee are sub	mitted for filing.
Please return all correspondence concerning this matt	er to the following:
STEPHANIE MARTINEZ	
***	Name of Contact Person
ATPLUS CORP	
	Firm/ Company
8180 NW 36 ST, SUITE 406	
	Address
DORAL FL 33166	
	City/ State and Zip Code
ATPLUS OF THE COM	
ATPLUS@LIVE.COM	10.00
E-mail address: (to be use	ed for future annual report notification)
For further information concerning this matter, please	call:
STEPHANIE MARTINEZ at ( 305 ) 406-3800	
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made p	ayable to the Florida Department of State:
■ \$35 Filing Fee	□\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy Certificate of Status (Additional copy is enclosed) (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

(Name (	of Corneration as current	ly filed with the Florida Dep	nt of State)
P12000093873	or corporation as current	iv thed with the Florida Sep	,
	(Document Number o	f Corporation (if known)	•
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006. Florida Statutes, this	Florida Profit Corporation a	adopts the following amendment(s)
A. If amending name, enter the new na	ame of the corporation:		
			The new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	nation "Corp," "Inc." or '	"Co". A professional corpo	porated" or the abbreviation
B. Enter new principal office address, (Principal office address MUST BE A S			
	,		<del></del>
C. Enter new mailing address, if appl	icable:		<b>新二</b> ここ
(Mailing address MAY BE A POST	OFFICE BOX)		<u> </u>
			On the contract of the contrac
D. If amending the registered agent ar	rd/or registered office add	race in Florida, autor the no	> ma of the
new registered agent and/or the ne			ante of the
Name of New Registered Agent			
	10740 W FLAGLER ST,	SUITE 10	
	(Florida st	reet address)	
New Registered Office Address:	MIAMI		, Florida 33174
		(City)	(Zip Code)
		(City)	(Zip Coae)
New Registered Agent's Signature, if c	hanging Registered Agent	<u>t:</u>	
I hereby accept the appointment as regis			ons of the position.
	Signature of New 1	Registered Agent, if changing	<del></del>

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, an 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 = Chie Executive Officer: CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each offic 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 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>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) X Change	P	KENIA LA O	10740 W FLAGLER ST
Add			SUITE 10
Remove			MIAMI FL, 33174
2) Change			
Add			
Remove			
3 ) Change			
Add	-		
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

(Attach additional sheets, if necessary). (E	le specific)			
UM-AND GENERAL			<u> </u>	
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		<u> </u>		
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If an amendment provides for an exchang	re reclassification	or cancellation of i	eenad charae	
provisions for implementing the amenda	nent if not contained	d in the amendmen	<u>it itself:</u>	
(if not applicable, indicate N/A)				
				•
				···
		<del></del> _		-

The date of each amendment(s) adoption:	_, if other than the
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will document's effective date on the Department of State's records.	not be listed as the
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)	
(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.	
08/08/2019	
Signature Liniu A co	
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 tiduciary)	_
KENIA LA O	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	