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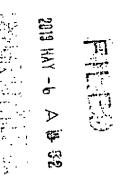
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#### **COVER LETTER**

TO: Amendment Section Division of Corporations NAME OF CORPORATION: DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: E-mail address: (to be used for future annual report notification For further information concerning this matter, please call: lincero God Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: □\$43.75 Filing Fee & **13.75** Filing Fee & □\$52:50 Filing Fee filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed)

#### **Mailing Address**

Amendment Section Division of Corporations P.O. Box 6327

#### Street Address

Amendment Section Division of Corporations Clifton Building

### Articles of Amendment

to cticles of Incorporation

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	Articles of Incor	poration	_	to beauty de aming the
Jennite	y yaw	1 St	o Keigh H	MAR SE
(Name of Co	proporation as currently f	iled with the Fk	orida Dept. of Sta	<u>ite</u> )
	000438	80	melan.	School by
( , , ,	(Document Number of C	orporation (if kn	own)	
Pursuant to the provisions of section 607,1006 its Articles of Incorporation:	, Florida Statutes, this Flo	orida Profit Corp İ	poration adopts th	e following amendment(s) t
A. If amending name, enter the new name of the name must be distinguishable and contain a "Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association,"	Rae the word "corporation," "Corp," "luc," or "Co	"company," or A profession	inforporated"	The new or the abbreviation the must contain the
B. Enter new principal office address, if ap (Principal office address <u>MUST BE A STREI</u>	<u>plicable:</u> ET ADDRESS )			
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF)	e: ICE BOX)			
D. If amending the registered agent and/or new registered agent and/or the new reg	registered office address istered office address:	in Florida, ente	er the name of th	<u> </u>
Name of New Registered Agent	<u></u>		·	
	(Florida street	address)	<del></del>	<del></del>
New Registered Office Address:			, Florid:	1
	(Ci	ιλι		(Zip Code)
New Registered Agent's Signature, if changi I hereby accept the appointment as registered of	ing Registered Agent: agent. I am familiar with	and accept the a	obligations of the <sub>l</sub>	position.
	Signature of New Regi,	stered Agent, if c	hanging	<del>.</del>

## 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	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change			
Remove			
2) Change		-	
Add			
Remove			
3 ) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change		-	
Add			
Remove			

E. <u>If amendins</u> (Attach <i>addi</i>	g or adding additional Articles, enter change(s) here: tional sheets, if necessary). (Be specific)
	Ame Change to Dusiness due to
	getting married,
<u>provisions</u>	Iment provides for an exchange, reclassification, or cancellation of issued shares, for implementing the amendment if not contained in the amendment itself:  applicable, indicate N/A)

The date of each amendment(s) adoption:	, if other than the
KIIIa	
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 document's effective date on the Department of State's records.	date will 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 amendme by the shareholders was/were sufficient for approval.	nt(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following state must be separately provided for each voting group entitled to vote separately on the amendment(s):	ement
"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.	lder
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated	
Signature  (By a director president or other officer – if directors or officers have not bee selected, by an incorporator – if in the hands of a receiver, trustee, or other coappointed fiduciary by that fiduciary)	en our1
Thinker R. Lucero (Typed or printed name of person signing)	····
(Title of person signing)	
(Title of persoy signing)	