## P14000054096

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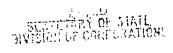
## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORP	ORATION: C.P.R. NAI	LS,CORP		
DOCUMENT NUM	MBER: P140005409	6		
The enclosed Article	es of Amendment and fee are su	bmitted for filing.		
Please return all cor	respondence concerning this mat	ter to the following:		
	CINDY PELEGRI	N	<u></u>	
		Name of Contact Person	ı	
	C.P.R. NAILS,CC	RP _		
•		Firm/ Company		
	533 SE 8 STREE	ΞΤ		
		Address		
	HIALEAH,FL 330	10		
		City/ State and Zip Code	2	
	00711/4401/4410	0.0014		
Α	COTAX44@YAHO			
<del></del>	E-mail address: (to be us	sed for future annual report	notification)	
For further informa	tion concerning this matter, pleas	se call:		
CINDY PELEGRIN		at (305	613-7432	
Nan	ne of Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check	for the following amount made	payable to the Florida Depa	artment 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)	
7	Iniling Address	Street	Address	
Amendment Section		Amendment Section		
Division of Corporations		Division of Corporations		
P.O. Box 6327 Tallahassee, FL 32314		Clifton	Building	
		2661 Executive Center Circle		

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of



14 AUG 13 AH 11:00

C.P.R. NAILS,CORP	
(Name of Corporation as currently filed with the Flor	rida Dept. of State)
P14000054096	
(Document Number of Corporation (if k	nown)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Flatistical Articles</i> of Incorporation:	orida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
LOVELY NAILS BY CINDERELLA, CORP	The new
name must be distinguishable and contain the word "corporation," "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Coword "chartered," "professional association," or the abbreviation "P.	" "company," or "incorporated" or the abbreviation o". A professional corporation name must contain the A."
B. Enter new principal office address, if applicable:	SAME
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	SAME
D. If amending the registered agent and/or registered office address	ss in Florida, enter the name of the
new registered agent and/or the new registered office address:	
Name of New Registered Agent SAME	
(Florida stree	et address)
New Registered Office Address:	, Florida
(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent. I am familiar wi	th and accept the obligations of the position.
Signature of New Registered Ag	gent, 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.

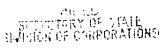
Example:

X Change

X Change	PT	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	Address
1) Change			
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
F			
6) Change			
Add			····
Remove			

. If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)	
NONE		
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	have and at Castina an equally time of immed shows	
provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:	
(if not applicable, indicate N/A)		
N/A		
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		<del></del>

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The date of each amendment(s) adoption: 08/11/2014	SPAINION OF CHILDREN	, if other than the
date this document was signed.	14 AUG 13 AMTI: OT	, 11 0 01101 111011 1110
Effective date if applicable: IMMEDIATE		
	90 days after amendment file date)	<del></del>
Adoption of Amendment(s) (CHECK ONE)		
The amendment(s) was/were adopted by the shareholders. The by the shareholders was/were sufficient for approval.	ne number of votes cast for the amendment(s)	
The amendment(s) was/were approved by the shareholders the must be separately provided for each voting group entitled to		
"The number of votes cast for the amendment(s) was/we	ere sufficient for approval	
by 100.00 %	>>	
(voting group)	<del></del>	
The amendment(s) was/were adopted by the board of directors action was not required.	s without shareholder action and shareholder	
The amendment(s) was/were adopted by the incorporators wit action was not required.	hout shareholder action and shareholder	
Dated 08/11/2014		
Signature Occord		
	icer – if directors or officers have not been he hands of a receiver, trustee, or other court	
CINDY PELEGRIN		
(Typed or	printed name of person signing)	
PRESIDENT		
<del>(</del> T)	itle of person signing)	<del></del>