P140000063151

(Re	equestor's Name)	
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	DRATION: LS NAILS & SPA	CORPORATION	
DOCUMENT NUM	ABER: P14000063151		
	es of Amendment and fee are su	bmitted for filing.	
Please return all cor	respondence concerning this ma	atter to the following:	
	MAI THI NGOC NGUYEN		
		Name of Contact Person	1
		Firm/ Company	
	4146 NW 6TH ST		
	DEERFIELD BEACH, F 33-	Address 442	
		City/ State and Zip Cod	2
	VICKYNGUYEN9040@GN	4AIL.COM	
	E-mail address: (to be us	sed for future annual report	notification)
For further informat	ion concerning this matter, plea	se call:	
MAI THI NGOC N	GUYEN	954 at (8425678
Nam	e of Contact Person	at (954) 8425678 Area Code & 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	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ai Di P.	ailing Address mendment Section vision of Corporations O. Box 6327 Illahassee, FL 32314	Amend Divisio The Co	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment Articles of Incorporation of

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LS NAILS & SPA CORPORATION	
(Name of Corporation as curren	tly filed with the Florida Dept. of State)
P14000063151	
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co", "chartered," "professional association," or the abbreviation "P.A.	A professional corporation name must contain the word
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	7. <u>8</u> 7
	UN 24
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	E P
(maning datess <u>MATERIAN TOST OF THE BOA</u>)	
D. If amending the registered agent and/or registered office add	
new registered agent and/or the new registered office address	<u>is:</u>
Name of New Registered Agent	
(Florida s	treet address)
New Registered Office Address:	. Florida
The regimered Office Heaven.	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agen	it:
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

Check if applicable

■ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e). F.S.

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)

Example:

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.

X Change	<u>PT</u>	John Doe	
X Remove	$\underline{\mathbf{V}}$	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	MBR	CONG NGUYEN	4146 NW 6TH ST
Add			DEERFILED BEACH, FL 33442
A Remove 2) Change Add			
Remove 3) Change			
Add Remove 4) Change Add			2022 JUN 24 SECHIELLICAY ALLAHASSE
Remove 5) Change Add			24 PM I: 41 SSEE. FLORIBA
Remove 6) Change Add		_	
Remove			

If amending or adding additional Art Attach additional sheets, if necessary).	(Be specific)				
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f an amendment provides for an exc	change, reclassification	n, or cancellation of is	sued shares,		
provisions for implementing the am (if not applicable, indicate N/A)	endment if not contain	ned in the amendmen	<u>t_itself:</u>		
(1) 1101 (4) 1100 (1)					
			_ .	_ _ _	-
					
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The date of each amendment date this document was signed		if other than the
date this document was signed	06/20/2022	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
	this block does not meet the applicable statutory filing requirements, this date whe Department of State's records.	ill not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/wer action was not required.	e adopted by the incorporators, or board of directors without shareholder action an	d shareholder
☐ The amendment(s) was/wer by the shareholders was/we	e adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.	
must be separately provide	e approved by the shareholders through voting groups. The following statement of d for each voting group entitled to vote separately on the amendment(s):	F1L1
	cast for the amendment(s) was/were sufficient for approval	N 22
by	(voling group)	TR TI
Dated Signature	06/20/2022 My	1: -
(B)	y a director, president or other officer – if directors or officers have not been lected, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)	
	MALTHI NGOC NGUYEN	
	(Typed or printed name of person signing)	
	PRESIDENT	

(Title of person signing)