P15000086774

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	DRATION: BLISS SALON &	NAIL SPA LLC				
DOCUMENT NUM	P15000086774					
The enclosed Article	es of Amendment and fee are su	bmitted for filing.				
Please return all corr	respondence concerning this ma	tter to the following:				
	DANIEL P NGUYEN					
	Name of Contact Person					
	Firm/ Company					
	10491 SIX MILE CYPRESS PKWY #244					
	Address					
	FORT MYERS, FL 33966					
		City/ State and Zip Code				
	THANHDDUONG@YAHO	O.COM				
	E-mail address: (to be us	sed for future annual report	notification)			
For further informat	ion concerning this matter, plea	se call:				
DANIEL P NGUYI	EN	404 at (
Nam	e 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)	S52.50 Filing Fee Certificate of Status Certified Copy (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 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810				

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of



BLISS SALON & NAIL SPA INC

(Name of Corporation as current)	filed with the Florida Dept. of State)	<u>(</u>)
P15000086774		29
(Document Number of	Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this a lits Articles of Incorporation:	Florida Profit Corporation adopts the following an	nendment(s) to
A. If amending name, enter the new name of the corporation:		
	Th	e new
name must be distinguishable and contain the word "corporation," "c "Inc.," or Co," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."	ompany," or "incorporated" or the abbreviation "	Corp.,"
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	NA	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/X	
		
D. If amending the registered agent and/or registered office addr new registered agent and/or the new registered office address		
Name of New Registered Agent	•	
(Florida str	et address)	
New Registered Office Address:	. Florida	
	(Ciţy) (Zip Code	;)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar v	ith and accept the obligations of the position	
N/A		
Signature of New Ro	egistered 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>P </u>	John Doe	
X Remove	\underline{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) X Change	P	VINH T NGUYEN	10234 ALLAMANDA CIR
Add			PALM BEACH GDNS, FL 33410
Remove 2) X Change	VP	TRUNG M TIET	10234 ALLAMANDA CIR
2) Change			PALM BEACH GDNS, FL 33410
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			· · · · · · · · · · · · · · · · · · ·
Add			
Remove			

	onal sheets, if necess	sary). (Be specific)				
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If an amend	nent provides for a	n exchange, reclassi	fication, or cance	llation of issued sh	ares,	
provisions f	or implementing th	e amendment if not	contained in the	amendment itself:		
•	pplicable, indicate N	·Z4)				
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The date of each amendment(s) a date this document was signed.	doption:	, if other than the
•		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirements, epartment of State's records.	this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/were ad action was not required.	opted by the incorporators, or board of directors without sharehold	ler action and shareholder
☐ The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes cast for the amenufficient for approval.	dment(s)
	proved by the shareholders through voting groups. The following each voting group entitled to vote separately on the amendments	
"The number of votes cas	for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	•
SEPTEMI Dated	BER 16, 2020	
(By a c selecte	inector, president or other officer – if directors or officers have no ed, by an incorporator – if in the hands of a receiver, trustee, or other fiduciary by that fiduciary)	
	VINH T NGUYEN	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	