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Special Instructions	i to F	iling Officer:		

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COVER LETTER

TO: Amendment Section

Tallahassee, FL 32314

Division of Corporations	
NAME OF CORPORATION:	oi Nail Spa Wellington Inc.
The enclosed Articles of Amendment an	nd fee are submitted for filing.
Please return all correspondence concerr	ning this matter to the following:
	Name of Contact Person Toi Nach Spa Wellington Inc Firm/ Company (0941 SW 56 th 0+ Address Davie FL 33314 City/ State and Zip Code
E-mail addre	ess: (to be used for future angual report notification)
For further information concerning this i	matter, please call:
Name of Contact Person	at (<u>954</u>) <u>851-578</u> 7 Area Code & Daytime Telephone Number
Enclosed is a check for the following an	nount made payable to the Florida Department of State:
\$35 Filing Fee S43.75 Fil Certificate	
Mailing Address Amendment Section Division of Corporation P.O. Box 6327	Street Address Amendment Section Ons Division of Corporations Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment

to

Articles of Incorporation of

Toi Mail Son Well	linaton Inc	
(Name of Corporation as currently filed with the	Florida Dept. of State)	<u></u>
P16000009947	U	
(Document Number of Corporation (ii	(known)	
(Boetinen Paniser of Corpolition (1)		
Pursuant to the provisions of section 607,1006, Florida Statutes, this <i>Florida Profit</i> 6 its Articles of Incorporation:	Corporation adopts the following	ig amendment(s)
A. If amending name, enter the new name of the corporation:		
		_ThBnew
name must be distinguishable and contain the word "corporation," "company,	" or "incorporated" or ihe a	bbrecation
"Corp.," "Inc.," or Co.," or the designation "Corp." "Inc." or "Co". A professional association," or the abbreviation "P.A."	sional corporation name must	contain the disp
word thattered, projessional association, or me above that me that	∂:	2
B. Enter new principal office address, if applicable:	<u> </u>	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	(A)	<u> </u>
		
		<u></u>
C. P. A. C. Complete Advance (Complete Man	•	ယ
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
		
		
D. If amending the registered agent and/or registered office address in Florida,	enter the name of the	
new registered agent and/or the new registered office address:		
Name of New Registered Agent		-
(Florida street address)		_
· · · · · · · · · · · · · · · · · · ·		
New Registered Office Address:	, Florida	Code)
(Ciņ)	(Zip	Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept	the obligations of the position.	
Signature of New Registered Agent	t it 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	<u>PT</u>	John Doc
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		Christopher Fraga 380 S State Road Royal Palm Beach, 33414
X Add		Royal Palm Beach,
Remove		33414
2) Change		
Add		
Remove		
3) Change		
Add		
Remove		
4) Change		
Add		
Remove		
5) Change		
Add		
Remove		
δ) 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, or cancellation of issued shares,
provisions for implementing the ame (if not applicable, indicate N/A)	nendment if not contained in the amendment itself:
(g not appreume, mateure (m.)	

The date of each amendment(s) adoption: 11/18/19
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 not be listed as the document's effective date on the Department of State's records.
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.
Dated
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 fiduciary)
Mirth Do
(Typed or printed name of person signing)
President_
(Title of person signing)