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SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Amendment Section Division of Corporations

* _ * _ _ , _ _ ,

NAME OF CORPORA	ATION: CELIA ELEGANO	CE & CREATIVE NAILS	INC.
DOCUMENT NUMBI	ER: P16000028503		
The enclosed Articles o	f Amendment and fee are su	ibmitted for filing.	
Please return all corresp	ondence concerning this ma	tter to the following:	
		Jacqueline Horta	
	· · · · · · · · · · · · · · · · · · ·	Name of Contact Person	n
	1	Horta Accounting & Taxes	Inc
_		Firm/ Company	
		6830 SW 159 Place	
_		Address	
		Miami, Fl 33193	
_		City/ State and Zip Cod	e
jhortaf	l@bellsouth.net		
	E-mail address: (to be us	sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
Jacqu	eline Horta	at (387-2906
Name 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)
Maili	ng Address		Address
Amendment Section			iment Section
	ion of Corporations	Division of Corporations Clifton Building	
P.O. Box 6327 Tallahassee, FL 32314			Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILED

CELIA ELEGANCE & CREATIVE NAILS INC.

2018 AUG 27 AM 9: 40

(Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendmust A. If amending name, enter the new name of the corporation: The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.," A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable; (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address MUST BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address: Name of New Registered Agent Celia Gil 3533 SW 90 Ave (Florida street address) New Registered Office Address: Miami City Florida Signature, if changing Registered Agent:	\ <u></u>	P16000028503		IALLAHASSEE, FL
A. If amending name, enter the new name of the corporation: The new name must be distinguishable and contain the word "corporation." "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co., " A professional corporation name must contain the word "chartered." "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 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: Name of New Registered Agent Same of New Registered Agent Miami Celia Gil 3533 SW 90 Ave (Florida street address) Miami Florida Florida Signature, if changing Registered Agent:	•	(Document Number of	Corporation (if know	vn)
The new name must be distinguishable and contain the word "corporation." "company." or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered." "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 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 3533 SW 90 Ave (Florida street address) New Registered Office Address: Miami City) New Registered Agent's Signature, if changing Registered Agent:		1006, Florida Statutes, this I	Florida Profit Corpo	ration adopts the following amendment(s)
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(Florida street address) New Registered Office Address: (City) (Zip Code) New Registered Agent's Signature, if changing Registered Agent:	Name of New Registered Agent		Celia Gil	
New Registered Office Address: Miami		3533 SW 90 Ave		
New Registered Office Address:		(Florida stre	et address)	
New Registered Agent's Signature, if changing Registered Agent:	New Registered Office Address:			, Florida
		j	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent:		1	(Cüy)	(Zip Code)
	Now Degistered Agent's Signature if a	hanging Registered Agents		
I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.				bligations of the position.

Signature of New Registered Agent, 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	<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	<u>Addres</u> s
Change X Add			
Remove 2) Change		<u>.</u>	
3) Change Add Remove			
4) Change Add Remove			
5) Change Add			
Remove 6) Change Add			
Remove			

f an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)		(Be specific)
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	1/1/2018	if other than the
The date of each amendment(s) ad date this document was signed.	option:	, if other than the
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bl document's effective date on the De	lock does not meet the applicable statutory filing requirements, this date partment of State's records.	will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were ado by the shareholders was/were sur	pted by the shareholders. The number of votes cast for the amendment(s) fficient for approval.	
☐ The amendment(s) was/were app must be separately provided for	roved by the shareholders through voting groups. The following statemen each voting group entitled to vote separately on the amendment(s):	it.
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were ado action was not required.	pted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were ado action was not required.	pted by the incorporators without shareholder action and shareholder	
Dated	8/pc/18	
Signature	Elia di	
	irector, president or other officer - if directors or officers have not been	
selected	d, by an incorporator - if in the hands of a receiver, trustee, or other court	
appoint	ted fiduciary by that fiduciary)	
	(Typed or printed name of person signing)	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	