P16000065918

(Re	equestor's Name)	
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(Cil	ty/State/Zip/Phone #)
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FILED

2022 JUL -5 MM 7: 37

SECRETIARY OF STATE
TRLLMHASSEF, TATE

A. BUTLER
JUL 18 2022

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	TION: 2 CUTE SALON I	NC	
DOCUMENT NUMBE	R: P16000065918		
	Amendment and fee are sub	omitted for filing.	
Please return all correspo	ondence concerning this mat	ter to the following:	
Ll	JISA FERNANDEZ		
		Name of Contact Person	
2	CUTE SALON INC		
_	•	Firm/ Company	
76	601 EAST TREASURE D	R #1816	
- -		Address	
N	ORTH BAY VILLAGE 331	141	
_	· · · · · · · · · · · · · · · · · · ·	City/ State and Zip Code	
L	JISAFERNANDEZZ_7@I	HOTMAIL.COM	
_	E-mail address: (to be us	ed for future annual report	notification)
For further information of	concerning this matter, pleas	se call;	
LUISA FERNANDEZ		786	8993369 de & Daytime Telephone Number
Name of Contact Person		Area Coo	de & Daytime Telephone Number
Enclosed is a check for t	he following amount made [payable to the Florida Depa	artment of State:
S35 Filing Fee	S43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Amen Divisi P.O. E	ng Address dment Section on of Corporations fox 6327 assec, FL 32314	Amend Divisio The Co 2415 N	Address ment Section n of Corporations entre of Tallahassee N. Monroe Street, Suite 810 ussee, FL 32303

Articles of Amendment to Articles of Incorporation of

FILED

	2 CUTE SALON	INC	2022 1111 -5	MM 7- 20
(Name of Corpor	ation as currently filed wit	h the Florida		- MIT 7-30
	P160000659	18	SECRETARY TALLAHA!	OF STATE
(Doc	cument Number of Corporat	ion (if known)	TOLET FL
Pursuant to the provisions of section 607.1006, Floits Articles of Incorporation:	rida Statutes, this <i>Florida Pr</i>	ofit Corporal	ion adopts the fo	llowing amendment(s) to
A. If amending name, enter the new name of th	e corporation:			
				The new
name must be distinguishable and contain the word "Inc.," or Co.," or the designation "Corp," "h "chartered," "professional association," or the ab	nc," or "Co". A professio			
B. Enter new principal office address, if applica (Principal office address MUST BE A STREET A				
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u>BOX</u>)		-	
D. If amending the registered agent and/or reginew registered agent and/or the new register		rida, enter ti	ie name of the	
Name of New Registered Agent			- 4-	
	(Florida street address	,		
New Registered Office Address:			, Florida	
	(City)			(Zip Code)
New Registered Agent's Signature, if changing I hereby accept the appointment as registered agen		ecept the oblig	gations of the pos	ition.
				·
Si	ignature of New Registered /	Agent, if chan	ging	

Check if applicable

 $[\]square$ 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)

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 Doe	
X Remove	$\underline{\mathbf{V}}$	Mike Jones	
<u>X</u> Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	VP	GLADYS LONDONO	7601 EAST TREASURE DR #18\6
Add			NORTH BAY VILLAGE FL 3314
X Remove			
2) Change	VP	DIEGO MOLINA	7601 EAST TREASURE DR #18 6
X Add			NORTHBAY VILLAGE FL 33141
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach addition	adding additional Articles al sheets, if necessary). (i	Be specific)	·		
	: Y - : : : : : : :	<i>y</i> - <i>y</i> - <i>r</i>			
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(6					
provisions for	ent provides for an exchan- implementing the amendi	ge, reciassification ment if not contain	, or cancellation of ed in the amendme	nt itself:	
(if not app	licable, indicate N/A)				
			-		•
	<u></u>				
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6/1/2022
The date of each amendment(s) adoption:, if other than the 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 incorporators, or board of directors without shareholder action and shareholder action was not required.
☐ 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)
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)
LUISA FERNANDEZ
(Typed or printed name of person signing)
PRESIDENT
(Title of person signing)



May 24, 2022

LUISA FERNANDEZ 7601 E TREASURE DR 1816 NORTH BAY VILLAGE, FL 33141

SUBJECT: 2CUTE SALON INC Ref. Number: P16000065918

We have received your document for 2CUTE SALON INC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIIDA LIMITED LIABILITY COMPANY, but your entity is a FLORIDA PROFIT CORPORATION. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 522A00011840

Anissa Butler Regulatory Specialist II

www.sunbiz.org

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