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Office Use Only



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JUN 1 0 2019 S. YOUNG

COVER LETTER

Division of Corporations
NAME OF CORPORATION: Flash 5 Beauty Bay, Inc.
DOCUMENT NUMBER: P17000058197
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Maria A Fernandez Name of Contact Person
Firm/ Company
14956 SW 159th CT
Address
Miami, FL 33196 City/ State and Zip Code
City/ State and Zip Code
Flash Scarriers in a gmail. com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Maria A Fernandez at 305 877-7864 Name of Contact Person Area Code & Daytime Telephone Number
Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee

Mailing Address

TO: Amendment Section

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

(Name of Corporation as current	tly filed with the Florida Dept. of State)
(Document Number of	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation: Flash 5 Carriers, Inc.	The new
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	on," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	14956 SW 159th CT
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	Miami, FL 33196
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	14956 SW 159th CT Miami, FL 33196
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office addres	
Name of New Registered Agent	
(Florida st	reet address)
New Registered Office Address:	(City) Florida : : : : : : : : : : : : : : : : : : :
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiar	
Signature of New i	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 Doe	
X Remove	<u>v</u>	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	VP	Erick Fernandez Rodrigi	uez 9479 W 32nd L
Add			Hialeah, FL 33018
_X Remove			
2) X Change	Ρ	Maria A Fernandez	14956 SW 159th CT
Add			Miami, FL 33196
Remove			
3) Change			· · · · · · · · · · · · · · · · · · ·
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			·
6) Change			
Add			
Pemove			

f amending or adding additional Art Attach additional sheets, if necessary).	. (Be specific)
	
 	
	
	
	<u> </u>
f an amendment provides for an exc	change, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/Λ)	endment if not contained in the amendment itself:
VA	
· · · · · · · · · · · · · · · · · · ·	

The date of each amendment(s) adoption:	, if other than the
Effective date if applicable: 5/21/2019 (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 dadocument's effective date on the Department of State's records.	ate will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(by the shareholders was/were sufficient for approval.	s)
☐ 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):	ent
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by" (voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholde action was not required.	er
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated	
Signature Maria Flanz	
(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 courappointed fiduciary by that fiduciary)	rt
Maria A Fernandez (Typed or printed name of person signing)	
(Typed or printed name of person signing)	
Prosident (Title of person signing)	
(Title of person signing)	