P17000059389

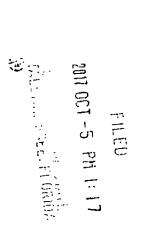
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PICK-UP	WAIT	MAIL
(Bu	usiness Entity Name)	
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Certified Copies	_ Certificates of	Status
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OCT - 6 2017

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: POLISHED NOT BERNALD SPA
DOCUMENT NUMBER: P17000059389
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Name of Contact Person Polished Nail Bar & Spa Firm/ Company
Firm/ Company
15651 Sheridan St. Suite 800 Address
Address
Davio FL 3373 1 City/ State and Zip Code
City/ State and Zip Code
Polishnail barand space amail. com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Thur Mana 319 329, 3119
Thuy Dang at (954) 328 · 3119 Nume 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 Certificate of Status Certified Copy (Additional copy is enclosed) \$35 Filing Fee Certificate of Status S43.75 Filing Fee Certificate of Status
Mailing Address Street Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment

to Articles of Incorporation

	of	. po	FILEU
Polishednail	_	~, Inc.	2017 OCT -5 PM 1: 17
	of Corporation as currently	filed with the Florida Dep	ot. of State)
P1700005939	(9		TALLA NS SEE, FLORIDA
	(Document Number of C	Corporation (if known)	37
Pursuant to the provisions of section 607. ts Articles of Incorporation:	1006, Florida Statutes, this F	lorida Profit Corporation a	idopts the following amendment(s) to
A. If amending name, enter the new no	nne of the corporation:		
N/A			The new
ord "chartered," "professional associa B. Enter new principal office address, Principal office address MUST BE A ST C. Enter new mailing address, if appliance (Mailing address MAY BE A POST of the content of the co	if applicable: TREET ADDRESS) cable: OFFICE BOX)		
D. If amending the registered agent an		ss in Florida, enter the na	<u>me of the</u>
new registered agent and/or the new	v registered office address:		
Name of New Registered Agent	N/A		
	(Florida stree	t address)	
New Registered Office Address:			Planta.
New Registerea Office Address:	10	City)	_, Florida(Zip Code)
New Registered Agent's Signature, if c			
hereby accept the appointment as regist		th and accept the obligation	is of the position.
	Signature of New Res	gistered Agent, if changing	

address of each Offi (Attach additional sh Plean, now the affice P = President: V= V Executive Officer: Co held, President, Trea, Changes should be no a change, Mike James Mike Jones, V as Ren	cer and/or Director eets, if necessary) eddirector title by the fice President; T= T FO = Chief Finance surer, Director would oted in the following theorems	r being added. e first letter of the office title: Freasurer: S= Secretary: D= Director: T ial Officer. If an officer/director holds o ld be PTD. g manner. Currently John Doe is listed a vion. Sally Smith is named the V and S. T	R= Trustee: C = Chairman or Clerk: CEO = Chief nore than one title, list the first latter of each office is the PST and Mike Jones is listed as the V. There is these should be noted as John Doe, PT as a Change,
Example: <u>X</u> Change	PT John	<u>Doe</u>	
X Remove	<u>V</u> <u>Mike</u>	<u>Jones</u>	
X Add	<u>SV</u> <u>Sally</u>	Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	VP	Hogi Dang	2007 SW 195+ h Ave
Add		J	Miramar FL 33029
X Remove			
2) Change Add	NP	Ben Hoang	2958 SIV 161 ST AVE.
Remove Change	CEO	Ny Ny Pham	2958 SW (61 Ave
Add Remove		- ,- · J	Miramar FL 33027
1) Change Add			
Remove			
5) Change Add			
Remove			
() Change			
Add			

__ Remove

ì	eets, if necessary).	(Be specific)			
N/P					
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	rovides for an excl	hange, reclassificatio	on, or cancellation o	f issued shares.	
an amendment o		endment if not conta	ined in the amendn	ent itself:	
rovisions for imp	dementing the ame				
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an amendment porovisions for imp (if not applical	ble, indicate N/A)				

The date of each amendment(s) adoption: 10/1/17.	, if other than the
Effective date if applicable: 10/2/7 (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 wi document's effective date on the Department of State's records.	Il 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(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	
☐ 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.	
Signature (By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the bands of a receiver, trustee, or other court	
appointed fiduciary by that fiduciary Thuy Dana (Typed or printed name of person signing)	
President (Title of person signing)	