## 917000071322

(Re	equestor's Name)	
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Certified Copies	_ Certificates	s of Status
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FILED 2022 JUN 16 PM 1: 43

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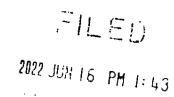
A. RAMSEY JUN 17 2022

## CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

LISSY'S NAILS SP	A CORP		
			Art of Inc. File
			LTD Partnership File
		_	Foreign Corp. File
		_	L.C. File
		_	Fictitious Name File
		_	Trade/Service Mark
		_	Merger File
		_	Art, of Amend, File
		_	RA Resignation
		-	Dissolution / Withdrawal
		_	Annual Report / Reinstatement
		_	Cert. Copy
		_	Photo Copy
		_	Certificate of Good Standing
		_	Certificate of Status
		-	Certificate of Fictitious Name
		-	Corp Record Search
		-	Officer Search
		-	Fictitious Search
Signature			Fictitious Owner Search
•			Vehicle Search
			Driving Record
Requested by: SETH	06/15/22	-	UCC 1 or 3 File
Name	Date	Time	UCC il Search
, with	Date		UCC 11 Retrieval
Walk-In	Will Pick Un		Courier

## Articles of Amendment to Articles of Incorporation of



LISSY'S NAILS SPA CORP	
(Name of Corporați	ion as currently filed with the Florida Dept. of State)
P17000071322	
(Docum	ment Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Floridates Articles of Incorporation:	a Statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the co	orporation:
LISSY NAILS & SPA CORP	The new
name must be distinguishable and contain the word "co "Inc.," or Co.," or the designation "Corp," "Inc, "chartered," "professional association," or the abbre	orporation," "company," or "incorporated" or the abbreviation "Corp.," " or "Co". A professional corporation name must contain the word
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADD	
C. Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BO	<u></u>
D. If amending the registered agent and/or registered new registered agent and/or the new registered.	red office address in Florida, enter the name of the
	Office accessory
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Reg	nictered Agent
I hereby accept the appointment as registered agent.	I am familiar with and accept the obligations of the position.
	CN Design of America
Signo	ature of New Registered Agent, if changing

Check if applicable

☐ 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)

Example:

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.

X Change	<u>PT</u>	John Doe			
X Remove	<u>v</u>	Mike Jones			
X Add	<u>\$V</u>	Sally Smith			
Type of Action (Check One)	<u>Title</u>	<u>Name</u>		Address	
1) Change			 		
Add					
Remove					<del></del>
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The date of each amendment(s) a	doption:	, 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 I document's effective date on the D	block does not meet the applicable statutory filing requirements, this date we epartment of State's records.	ill not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adaction was not required.	opted by the incorporators, or board of directors without shareholder action ar	id shareholder
☐ The amendment(s) was/were ad by the shareholders was/were so	opted by the shareholders. The number of votes cast for the amendment(s) ufficient for approval.	
	proved by the shareholders through voting groups. The following statement 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)	
06/15/202	2	
Dated	<u> </u>	
Signature	Par Capaci	
Signature(Bv a d	lirector, posident or other officer - if directors or officers have not been	<del></del>
	ed, by an incorporator - if in the hands of a receiver, trustee, or other court	
appoir	nted fiduciary by that fiduciary)	
	RICARDO CRUZ	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	