## P170000 71425

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(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT N	IAIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
amend or amend	AR

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	RATION: Dazzling Faces ar	nd Up		
DOCUMENT NUM	P17000071425			
The enclosed Articles	s of Amendment and fee are su	ubmitted for filing.		
Please return all corre	espondence concerning this ma	atter to the following:		
	Dalmis Boulandier			
	Dazzling Faces and Up	Name of Contact Person		
	380 Giralda ave Apt 804W	Firm/ Company		
	Coral Gables, FL, 33134	Address		
		City/ State and Zip Code	:	8
	dalmisdlc@gmail.com			38.0
	E-mail address: (to be u	sed for future annual report	notification)	<del></del>
For further information	on concerning this matter, plea	se call:		20 SEP 16 AM11: 03
Dalmis Boulandier		at (	3387839	= = =
Name	of Contact Person	Area Coo	le & Daytime Telephone Number	ప
Enclosed is a check f	or the following amount made	payable to the Florida Depa	ertment 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)	
An Div P.C	nendment Section vision of Corporations D. Box 6327 Hahassee, FL 32314	Amend Division The Ce 2415 N	Address ment Section n of Corporations entre of Tallahassee J. Monroe Street, Suite 810 ssee, FL 32303	



## FLORIDA DEPARTMENT OF STATE Division of Corporations

August 26, 2020

DALMIS BOULANDIER
DAZZLING FACES AND UP CO
380 GIRALDA AVE., APT 804W,
CORAL GABLES, FL 33134

SUBJECT: DAZZLING FACES AND UP CO

Ref. Number: P17000071425

We have received your document for DAZZLING FACES AND UP CO and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

There is no statutory provision to file articles of correction to correct an annual report. An amended annual report can be filed and a form is enclosed. As the fee to file the amended annual report is \$61.25 an additional \$17.50 is due. The report should be returned to the address at the bottom of this letter.

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.

Diane Cushing Senior Section Administrator

Letter Number: 520A00016406

www.sunbiz.org

Division of Corporations P.O. ROY 6327 Tallahassaa Florida 32314

Articles of Amendment to Articles of Incorporation of

Dazzling Faces and Up		i			
( <u>Name</u>	of Corpo	ration as current	y filed with the Florida Dept. of State)		
P17000071425					
· ·	(Do	ocument Number o	f Corporation (if known)		
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Flo	orida Statutes, this	Florida Profit Corporation adopts the following	ig amend	ment(s) to
A. If amending name, enter the new n	ame of th	le corporation:			
N/A				The n	
name must be distinguishable and contain "Inc.," or Co.," or the designation "C "chartered," "professional association."	Corp." "I	Inc." or "Co"	company," or "incorporated" or the abbreviati A professional corporation name must contain	on "Corp	) ''
B. Enter new principal office address,	if applie	able:	380 Giralda Ave		
(Principal office address MUST BE A S	TREET	ADDRESS )	Apt 804W		_
			Coral Gables, FL, 33134		_
C. Enter new mailing address, if appl (Mailing address MAY BE A POST					
	20			3 <u>5</u> 0	
				433	
		<b>†</b>		<u>بر</u>	- 얼굴
D. If amending the registered agent are				3794	20% 197, 197,
new registered agent and/or the ne	w registe N/A	red office address	<u></u>	=	- 50 - 54 - 54
Name of New Registered Agent		<u> </u>		H: 03	ATA A
				- -	혈구
		(Florida str	reet address)		75
New Registered Office Address:	N/A		, Florida		_
			(City) (Zip)	Code)	
	!				
New Registered Agent's Signature, if of thereby accept the appointment as registered.	hanging. tered agei	<b>Registered Agent</b> nt Lam familiar i	: with and accept the obligations of the position.		
The second secon		,	, , , , , , , , , , , , , , , , , , , ,		
	1				
	!	<del></del>	<del></del>	-	
	\ <u>\</u>	Signature of New R	legistered Agent, if changing		
Check if applicable	oursuant to	o 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,  $\overrightarrow{SV}$  as an Add. Example: X Change PT John Doe Mike Jones X Remove V <u>X</u> Add SV Sally Smith Title Address Type of Action Name (Check One) 380 Giralda ave apt 804W Dalmis Boulandier 1) X Change Coral Gables, FL, 33134 \_\_\_\_ Add Remove Dalmis Boulandier 380 Giralda ave apt 804W 2) \_\_\_\_ Change Coral Gables, FL, 33134 Add Remove 3 ) \_\_\_\_ Change \_\_\_\_ Add \_\_\_ Remove 4) \_\_\_\_ Change \_\_\_\_ Add

\_\_\_ Remove

5) \_\_\_\_ Change

\_\_\_\_ Add

E. If amending or adding additional Artic	ies, enter change(s) here:
(Attach additional sheets, if necessary).	
Please change Daimis Boulandier (Registere	d agent for Dazzling Faces and Up CO) from Director tittle to President.
Title must show a P.	
	<u> </u>
	<u>                                     </u>
	•
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<del></del>	<u> </u>
F. If an amendment provides for an exch provisions for implementing the ame	ange, reclassification, or cancellation of issued shares, and the amendment itself:
(if not applicable, indicate N/A)	
N/A	
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•	06/28/2020	
The date of each amendment(s)	adoption:	, if other than t
date this document was signed.	/ = 1	
Effective date <u>if applicable</u> :	09/08/12020	an 90 days after amendment file date)
	(no more tha	an 90 days after amendment file date)
Note: If the date inserted in this document's effective date on the I		pplicable statutory filing requirements, this date will not be listed as t ds.
Adoption of Amendment(s)	( <u>CHÉCK ONE</u> )	
The amendment(s) was/were a action was not required.	dopted by the incorporators,	s, or board of directors without shareholder action and shareholder
The amendment(s) was/were a by the shareholders was/were		The number of votes cast for the amendment(s)
		s through voting groups. The following statement
must be separately provided fo	or each voling group enilled	ed to vote separately on the amendment(s):
"The number of votes ca	st for the amendment(s) was	s/were sufficient for approval
h	i	•
by	(voting group)	<del></del>
selec		officer – if directors or officers have not been in the hands of a receiver, trustee, or other court chary)
	Dalmis Boulandier	
	(Typed or prin	nted name of person signing)
	Director	
	(Title of person	on signing)