

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

Office Use Only

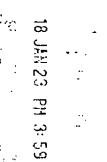


200307909412

01/23/18-+01027-+008 \*\*35.00

nd

R. WHITE JAN 24 2018



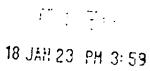
## COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	ORATION: LEE NAILS AND	SPATINC	
DOCUMENT NUN	P17000088019		
The enclosed Article	s of Amendment and fee are su	bmitted for filing.	
Please return all corr	espondence concerning this ma	tter to the following:	
	RODNEY S WHITE CPA		
		Name of Contact Person	1
	RODNEY S WHITE CPA		
		Firm/ Company	
	4650 LIPSCOMB ST NE, SU	JITE 20	
		Address	
	PALM BAY, FL 32905		
		City/ State and Zip Cod	e
ROI	DWHITECPA@EARTHLINK.	NET	
	E-mail address: (to be us	sed for future annual report	notification)
For further informati	on concerning this matter, pleas	se call:	
RODNEY S WHITE	E CPA	at (	728-9366
Name of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check	or the following amount made	payable to the Florida Depa	artment of State;
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amenc Divisio Cliftor	Address Intent Section on of Corporations Building Executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of



EFINALIS AND SPATING

TEE NAITS AND SLATING	
(Name of Corporation	as currently filed with the Florida Dept: of State)
P17000088019	
(Docume	nt Number of Corporation (if known)
(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Pursuant to the provisions of section 607,1006, Florida Sits Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corp	poration:
•	
	The new "corporation," "company," or "incorporated" or the abbreviation "Inc," or "Co". A professional corporation name must contain the bbreviation "P.A."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDR	ZESS )
	·
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	,
D. If amending the registered agent and/or registered new registered agent and/or the new registered of	
Name of New Registered Agent	
<del></del>	(Florida street address)
New Registered Office Address:	Clouide
New Registered Office Address.	, Florida
New Registered Agent's Signature, if changing Regis I hereby accept the appointment as registered agent. 1	tered Agent: am familiar with and accept the obligations of the position.
Signat	ure of New 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:

 $P-President;\ V=Vice\ President;\ V=Treasurer;\ S=Secretary;\ D=Director;\ TR=Trustee;\ C=Chairman\ or\ Clerk;\ CEO=Chief\ Executive\ Officer;\ CFO=Chief\ Financial\ Officer.\ If an officer/director\ holds\ more\ than\ one\ title,\ list\ the\ first\ letter\ of\ each\ office\ held.\ President,\ Treasurer,\ Director\ would\ be\ PTD.$ 

Changes should be noted in the following manner. Currently John Doc 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	PT	John De	<u>oe</u>	
X Remove	<u>v</u>	Mike Jo	<u>ones</u>	
<u>X</u> Add	<u>sv</u>	Sally S	<u>mith</u>	
Type of Action (Check One)	Title		<u>Name</u>	<u>Addres</u> s
1) Change	VP		LAW OFFICE OF JIMMY NGUYEN	772 N 1ST ST
Add				SAN JOSE CA 95112
X Remove				
2) Change				
Add				
Remove				
3 ) Change				
Add				<del></del>
Remove				
4) Change				
Add				
Remove				
5) Change		·		
Add				
Remove				
6) Change		_		
Add				
Remove				

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
If an amendment provides for an exch	hange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	endment if not contained in the amendment itself:
. ,.	

The date of each amendment(s) a date this document was signed.	loption: if other than th
Effective date <u>if applicable</u> :	
<u></u>	(no more than 90 days after amendment file date)
Note: If the date inserted in this I document's effective date on the Do	lock does not meet the applicable statutory filing requirements, this date will not be listed as the partment of State's records.
Adoption of Amendment(s)	( <u>CHECK ONE</u> )
☐ The amendment(s) was/were add by the shareholders was/were st	opted by the shareholders. The number of votes cast for the amendment(s) flicient 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)
The amendment(s) was/were addaction was not required.	opted by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were addaction was not required.	opted by the incorporators without shareholder action and shareholder
01/17/2018	
DatedSignature $X_{-}^{**}$	nemb
(By a C selecte	irector, president or other officer – if directors or officers have not been at by an incorporator – if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary)
	HANG DANG
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)