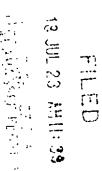
(Requ	uestor's Name)	
(Addr	ess)	
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(City/	State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Busi	ness Entity Nar	ne)
(Doce	ıment Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Fi	ling Officer:	
	Office Use On	



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COVER LETTER

Division of Corporations DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Firm/ Company For further information concerning this matter, please call: Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: \$43.75 Filing Fee & Certificate of Status ☐ \$35 Filing Fee □S43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy

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

is enclosed)

Articles of Amendment to

Articles of Incorporation			
Rossie nail tech Salons V) he.		
(Name of Corporation as currently filed with the Florida Dept. of State)	•		
(Document Number of Corporation (if known)			
Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment its Articles of Incorporation:	(s) to		
A. If amending name, enter the new name of the corporation:			
The new many must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."			
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	.E.,,	<u>⊶</u> ,	
	**************************************	JUL 23	
D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:		基 二。3	1
Name of New Registered Agent	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	(a)	
(Florida street address)	•		
New Registered Office Address: , Florida / Zip Code)			
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.			
Signature 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; 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	PT John Doe
X Remove	<u>V</u> <u>Mike Jones</u>
X Add	<u>SV</u> <u>Sally Smith</u>
Type of Action (Check One)	<u>Title</u> <u>Name</u> <u>Addres</u> s
1) Change	S Amanca M Hatem 815 W 48st
Add	Hinleah F/ 33012
2) Change Add	D Jorge Arteaga 815 W485t THALEAL F/33012
Remove 3) Change	
Add	
4) Change Add	
Remove	
5) Change	
Add Remove	
6) Change	
Add	

Attach additional	dding additional Articles, enter change(s) here: sheets, if necessary). (Be specific)	
	-	
		·
		
-		
provisions for i	t provides for an exchange, reclassification, or cance implementing the amendment if not contained in the cable, indicate N/A)	llation of issued shares, amendment itself:
		
		

The date of each amendment(s) addet this document was signed.	option: 7/14//	, if other th	ian the
Effective date if applicable:			
	(no more than 90 days after ame	ndment file date)	
Note: If the date inserted in this bl document's effective date on the Dep	ock does not meet the applicable statutory frartment of State's records.	iling requirements, this date will not be listed	as the
Adoption of Amendment(s)	(CHECK ONE)		
☐ The amendment(s) was/were adop by the shareholders was/were suf	sted by the shareholders. The number of vote ficient for approval.	s cast for the amendment(s)	
☐ The amendment(s) was/were appropriately provided for a	oved by the shareholders through voting ground by the shareholders through voting group entitled to vote separately of	ips. The following statement on the amendment(s);	
"The number of votes east f	or the amendment(s) was/were sufficient for a	approval	
by	(voting group)	<u> </u>	
	(voting group)		
☐ The amendment(s) was/were adopaction was not required.	sted by the board of directors without shareho	older action and shareholder	
The amendment(s) was/were adopaction was not required.	oted by the incorporators without shareholder	action and shareholder	
Dated	14/18		
Signature	has determe		
(By a di	ector, president or other officer - if directors , by an incorporator - if in the hands of a rece	or officers have not been	
	d fiduciary by that fiduciary)	iver, austee, or other court	
	IIZMA E Arte	7G y G	
	(Typed or printed name of person	signing)	
	President		
	(Title of person signing	g)	