Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

	To:		
		Division of Corporations	
•		Fax Number : (850)617-6380	
	From:	Account Name : SORSHER & ASSOCIATES, LLC. Account Number : I20170000056 Phone : (954)842-2931 Fax Number : (954)842-2936	
7H 3: 19	anı	the email address for this business entity to be used for futur nual report mailings. Enter only one email address please.** ail Address:	e
#		COR AMND/RESTATE/CORRECT OR O/D RESIGN GLAM BEAUTY SERVICES INC	57.5
,	•	Certificate of Status 0	
			<u>:-5</u>
		Certified Copy 0	3.5

J. HORNE

NUV 15 2022

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Estimated Charge

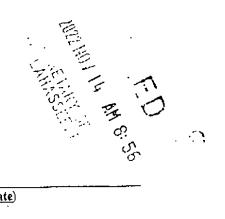
\$35.00

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: GLAM BEAUTY	SKIN CARE INC		
DOCUMENT NUMB	ER: P18000050982	<u> </u>		
	f Amendment and fee are sul	bmitted for filing.		
Please return all corresp	ondence concerning this mat	tter to the following:		
,	VOLOSHINA, INGA			
-		Name of Contact Perso	n	
	GLAM BEAUTY SKIN CAI	RE INC		
-		Firm/ Company		
:	245 NE 14TH ST, 101 STE 1	10		
-		Address		
	MIAMI, FL 33132			
-		City/ State and Zip Cod	e	
;	INNA201213@GMAIL.COM			
-	E-mail address: (to be us	ed for future annual report	notification)	
For further information VOLOSHINA, INGA	concerning this matter, pleas		951-5171	
Name o	f Contact Person	Area Co) 951-5171 de & Daytime Telephone Number	
Enclosed is a check for	the following amount made p	payable to the Florida Dep	artment of State:	
\$35 Filing Fee	S43.75 Filing Fee & Certificate of Status	Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Amer Divis P.O. 1	ing Address adment Section ion of Corporations Box 6327 hassee, FL 32314	Ameno Divisio The C 2415 I	Address diment Section on of Corporations dentre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303	

Articles of Amendment to Articles of Incorporation of



GLAM BEAUTY SERVICES INC						
(Name	of Corporation as currently	filed with the Florida Dept. of State)				
P18000050982						
	(Document Number of	Corporation (if known)				
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, this a	Florida Profit Corporation adopts the following amendment(s) to				
A. If amending name, enter the new n	ame of the corporation:					
GLAM BEAUTY SKIN CARE, INC.		The new				
name must be distinguishable and contair "Inc.," or Co.," or the designation "Chartered," "professional association,"	Corp," "Inc," or "Co". A	company," or "incorporated" or the abbreviation "Corp.," professional corporation name must contain the word				
B. Enter new principal office address.		245 NE 14TH ST, 101 STE 110				
(Principal office address MUST BE A S	TREET ADDRESS)	MIAMI, FL 33132				
C. Enter new mailing address, if appl	icable:	900 N FEDERAL HWY STE, 306				
(Mailing address MAY BE A POST	<u>OFFICE BOX</u>)	HALLANDALE, FL 33009				
D. If amending the registered agent as	nd/or registered office addi	ress in Florida, enter the name of the				
new registered agent and/or the ne	w registered office address	L				
Name of New Registered Agent						
	245 NE 14TH \$T, 101 STE 110					
	(Florida street address)					
New Registered Office Address:	MIAMI	, Florida				
		(City) (Zip Code)				
New Registered Agent's Signature, if c I hereby accept the appointment as regis.	tered agent. I am familiar v	vith and accept the obligations of the position.				
	Signature of New R	egistered 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)

Remove

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: John Doc <u>PT</u> X Change $\underline{\mathbf{y}}$ Mike Jones X Remove Sally Smith SV X Add Address Name Type of Action Title (Check One) 245 NE 14TH ST, 101 STE 110 VOLOSHINA, INGA 1) X Change MIAMI, FL 33132 ___ Add ____ Remove 2901 S BAYSHORE DR, APT 14G DAVENPORT, JAMES DOUGLAS 2) ____ Change MIAMI, FL 33133 Х Add __ Remove 3) ___ Change __ Add __ Remove 4) ____ Change ___ Add __ Remove 5) ____ Change ___ Add __ Remove 6) ____ Change ___ Add

amending or adding additional Art tach additional sheets, if necessary).	(Be specific)		
			
			· -
——————————————————————————————————————	·		
	<u></u>	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
			
	,		
f an amendment provides for an exc	iange, reclassification, or c	ancellation of issued sh	ares.
provisions for implementing the ame	noment if not contained in	the amendment itself:	
(if not applicable, indicate N/A)			
			<u>**</u> ***
 		· <u></u>	
			

•

The date of each amendment	adoption:, if other than
date this document was signed.	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)
	(no more than 90 days after amenament file date)
Note: If the date inserted in t document's effective date on the	s block does not meet the applicable statutory filing requirements, this date will not be listed as Department of State's records.
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/wer action was not required.	adopted by the incorporators, or board of directors without shareholder action and shareholder
☐ The amendment(s) was/wer by the shareholders was/we	adopted by the shareholders. The number of votes east for the amendment(s) sufficient for approval.
☐ The amendment(s) was/wer must be separately provide	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):
"The number of votes	ast for the amendment(s) was/were sufficient for approval
by	,n
	(voting group)
11/14/	722
Dated	
Sionature	Anga Volaskina
se	Anga Voloskina a director, president or other officer – if directors or officers have not been cted, by an incorporator – if in the hands of a receiver, trustee, or other court binted fiduciary by that fiduciary)
	VOLOSHINA, INGA
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)