P18000064045

(Re	questor's Name)	<u></u>
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: THE ULTRA NA	IL LOUNGE		
	BER: P18000064045			
The enclosed Articles	of Amendment and fee are su	bmitted for filing.		
Please return all corre	espondence concerning this ma	tter to the following:		
	MIRIAM TORRES ACEVE	DO		
		Name of Contact Perso	n	
	MTA OF OVIEDO FINANCIAL SERVICES INC			
		Firm/ Company		
	2572 ALOMA AVENUE SU	ЛТЕ 1072		
		Address		
	OVIEDO, FLORIDA 32765			
		City/ State and Zip Cod	e	
MIR	ETORRES @AOL.COM			
	,	sed for future annual report	notification)	
For further information	on concerning this matter, pleas		977-9230	
Name of Contact Person		Area Co	977-9230 de & Daytime Telephone Number	
Enclosed is a check fo	or the following amount made			
S35 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)	
Am Div P,O	Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301		Iment Section on of Corporations I Building Executive Center Circle	

Articles of Amendment to Articles of Incorporation of

lo

THE ULTRA NAIL LOUNGE INC

(Name of Corporation	as corrently f	iled with the Florida D	ent of State)			
P1S000064045	in carrette,	11. (1 VIVII (II. 1 IV) XIII I	(pr. vi critte)			
(Documer	nt Number of C	orporation (if known)				
Pursuant to the provisions of section 607.1006, Florida S its Articles of Incorporation:	Statutes, this Fl	orida Profit Corporation	adopts the fo	ollowing a	ımendr	nent(s
A. If amending name, enter the new name of the corp	ooration:					
					he ne	
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp.," word "chartered," "professional association," or the ab	"Inc." or "Ca	o". A professional corp				
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDR.)	<u>ESS</u>)					-
						-
C. Enter new mailing address, if applicable:					ආ න	===
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)					32	· [n
			<u></u>	175	- 17	-
						
D. If amending the registered agent and/or registered new registered agent and/or the new registered off		s in Florida, enter the r	name of the			
Name of New Registered Agent						
	(Florida street	address)				
New Registered Office Address:	<i>"</i>	itv)	, Florida	(Zip Coo		=
	Lt.	n(t)		сир с ос	te)	
New Registered Agent's Signature, if changing Regist- I hereby accept the appointment as registered agent - I a		h and accept the obligati	ions of the pos	sition.		
	<i>y.</i>	,	,			
Signatu	ure of New Reg	istered Agent, if changin	ık			

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:

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

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	\overline{bL}	John Doe	
\underline{X} Remove	<u>V</u>	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	SV	BRANDON FIGUEROA	2907 MC COY RD
X Add			ORLANDO, FLORIDA 32812
Remove			
2) Change		_	_
Add			
Remove			
3) Change			
Add			
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	ange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
-	

The date of each amendment(s) adoption:	, if other than
Effective date if applicable:	
(no more than 90 days after amendment file date)	·
Note: If the date inserted in this block does not meet the applicable statutory filing requirements document's effective date on the Department of State's records.	s, this date will not be listed as
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the ame by the shareholders was/were sufficient for approval.	ndment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following must be separately provided for each voting group entitled to vote separately on the amendmen	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by ²⁰⁰	
(voting group)	
■ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	areholder
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareh action was not required.	older
AUGUST 1, 2018	
Signature band	
(By a director, president or other officer – if directors or officers have n selected, by an incorporator – if in the hands of a receiver, trustee, or of appointed fiduciary by that fiduciary)	
ONG TAMMY	
(Typed or printed name of person signing)	·
MESI DENT	_
(Title of person signing)	-

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