P18000081940

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

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2021 - 3 : Mi: 56

September 28, 2021

KATHY LE 9630 WESTVIEW DR CORAL SPRINGS, FL 33076

SUBJECT: WINN STAR NAILS INCORPORATED

Ref. Number: P18000081940

We have (received your document for WINN STAR NAILS INCORPORATED and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document you have submitted is for a profit corp to become a profit benefit/social purpose corporation. To file articles of amendment for a profit corportion, please see the enclosed information.

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.

Letter Number: 021A00023436

Rebekah White Regulatory Specialist II Supervisor



~J /"H:30

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Division of Corporations

August 26, 2021

KATHY LE 9630 WESTVIEW DR CORAL SPRINGS, FL 33076

SUBJECT: WINN STAR NAILS INCORPORATED

Ref. Number: P18000081940

We have received your document for WINN STAR NAILS INCORPORATED and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The above entity is a Florida corporation and the document and fee submitted are for a Florida limited liability company. The correct form is enclosed and an additional filing fee of \$10.00 is due.

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.

Rebekah White Regulatory Specialist II Supervisor

Letter Number: 021A00020660

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	ATION: WINN S	TAR NAIL IN	(CORPORATEI)
DOCUMENT NUMBI	ER: P18010081	940	
The enclosed Articles o	f Amendment and fee are sul	bmitted for filing.	
Please return all corresp	ondence concerning this mat	tter to the following:	
	KATHY	V LE Name of Contact Persor	
_		Name of Contact Persor	ı
		Firm/ Company	
-	9630 WE	STVIEW DR	
-	CORAL S	STVIEW DR Address PRINGS, FL City/ State and Zip Code	33076
For further information	E-mail address: (to be us concerning this matter, please	sed for future annual report	notification)
KATHY	<u> </u>	at (954	de & Davtime Telephone Number
,	the following amount made		·
□ \$35 Filing Fee paid	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Amer Divis P.O.	ing Address indment Section ion of Corporations Box 6327 hassee, FL 32314	Ameno Divisio The C 2415 i	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303

Articles of Amendment

to

Articles of Incorporation

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(Name of Corporation as current		ept, of State)	
P 18000 81940			
(Document Number	of Corporation (if known)		
Pursuant to the provisions of section 607.1006. Florida Statutes, this its Articles of Incorporation:	s Florida Profit Corporatio	adopts the following amendmen	t(s) to
A. If amending name, enter the new name of the corporation:			
N/A		The new	
name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". "chartered," "professional association," or the abbreviation "P.A.	A professional corporation	ed" or the abbreviation "Corp.,"	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	N/A	282 1 SEC:	
		- VOV - 8	=
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A		Ш
,		82 7	\bigcup
		-	•
D. If amending the registered agent and/or registered office ad- new registered agent and/or the new registered office address		name of the	
Name of New Registered Agent N/A			
Name of New Registered Agent	.,		
(Florida s	treet address)		
New Registered Office Address:		, Florida	
ren negarinea oppositioned	(City)	(Zip Code)	
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiar	nt: with and accept the obliga	tions of the position.	
Signature of New	Registered Agent, if changi	ng .	

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)

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	<u>PT</u>	<u>John Doe</u>	
A Change			
X Remove	\underline{V}	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	$\sqrt{\rho}$	KEVIN D PHAM	9846 NW 49 PLACE Coral Springs, FL 33096
Add			coral Springs, FL 33096
X Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change	-		
Add			
Remove			
6) Change			
Add			
Remove			

If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate NA)	Attach additio	or adding additional sheets, if nec	onal Articles, ci essary). (Be s	nter change(s) l specific)	<u>iere</u> ;		
If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)							
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The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable: 10/18/2021	
Effective date if applicable: 10/18/2021 (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, this date document's effective date on the Department of State's records.	will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action action was not required.	and shareholder
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	ı
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	11
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by" (voting group)	
(voting group)	
Signature (By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
(Typed or printed name of person signing)	
(Title of person signing)	
(Title of person signing)	