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S. PRATHI

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: BISCAYNE NAIL	S & SPA INC	
DOCUMENT NUM	BER:		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	JIELI WU		
		Name of Contact Persor	1
		Firm/ Company	
	3201 NE 183RD ST APT 140	03	
	AVENTURA, FL 33160	Address	
		City/ State and Zip Code	2
	ANGEL@JALACCT.COM		
	E-mail address: (to be us	sed for future annual report	notification)
For further information	on concerning this matter, pleas	se call:	
JIELI WU		at (3286687 de & Daytime Telephone Number
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment of State:
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	★\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 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		Amend Divisio The Co	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation

		of		
BISCAYNE NAILS & SPA INC				
(Name	of Corporation as curre	itly filed with the Florida Dep	pt. of State)	
P180000 81	9417			
		of Corporation (if known)		
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, th	is Florida Profit Corporation :	adopts the following amend	
A. If amending name, enter the new n	ame of the corporation:			
LILY MAX INVESTMENT INC			The n	
name must be distinguishable and contain "Inc.," or Co.," or the designation "C "chartered," "professional association."	Torp," "Inc," or "Co".	A professional corporation :	or the abbreviation "Corp name must contain the we	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		3201 NE 183RD ST APT 1403		
		AVENTURA, FL 33160		
C. Enter new mailing address, if appl (Mailing address MAY BE A POST	<u>icable:</u> OFFICE BO <u>X</u>)	3201 NE 183RD ST APT 1403		
		AVENTURA, FL 33160		
D. If amending the registered agent ar new registered agent and/or the ne			ame of the	
Name of New Registered Agent				
<u></u>	3201 NE 183RD ST APT 1403			
	(Florala street address)			
			33173	
New Registered Office Address:	AVENTURA		_, Florida	

Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

OTIELI WU

Check if applicable

 \square 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>	
X Remove	\underline{V}	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change			-
Add			
Remove			
2) Change			
Add			
Remove 3.) Change			
Add			
Remove			
4) Change			
Add			
Remove			<u></u>
51 Change			
Add			
Remove			
6) Change			
Add			
Remove			

macii maniiniii	adding additional al sheets, if necessa	ry). (Be specific)				
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_		-		-		
				<u>.</u>		
_						
						
						
						·
	nt provides for an	arabanga sualarri	Conting or cons	allation of ice and	s his rais	
an amenume	implementing the	amendment if not	contained in the	: amendment itse	lf:	
(if not app	licable, indicate N/s	1)			_	
	<u> </u>					
				· 		
		<u> </u>				
· <u>-</u>				·		

The date of each amendment(s) acd date this document was signed.	loption:	, if other than the
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bl document's effective date on the De	lock does not meet the applicable statutory filing requirements, this date partment of State's records.	will not be listed as the
Adoption of Amendment(s)	(<u>CHEÇK ONE</u>)	
☐ The amendment(s) was/were ado action was not required.	pted by the incorporators, or board of directors without shareholder action	and shareholder
☐ The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amendment(s) fficient for approval.	
☐ The amendment(s) was/were app must be separately provided for	roved by the shareholders through voting groups. The following statemen each voting group entitled to vote separately on the amendment(s):	2822 i.u./
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	. or
Dated 11 -	09-2022	5: 47
Dated		
Signature <u>Ji P</u>	G WU	
(By a di	rector, president or other officer – if directors or officers have not been	
	I, by an incorporator – if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)	
w.J.Y		
	JIELI NU	<u></u>
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	