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## **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION:   Isl	es Beauty Bar, Inc.					
DOCUMENT NUMBER:	19000017053					
The enclosed Articles of Amendment and fee are	submitted for filing.					
Please return all correspondence concerning this n	natter to the following:					
	Shayne Collin Smith					
	Name of Contact Person					
	Isles Beauty Bar					
	Firm/ Company					
1100 BISCAYNE BIVD #5707						
	Address					
Υ	Mami FL 33132					
	City/ State and Zip Code					
ga	agliardichris@gmail.com					
	used for future annual report notification)					
For further information concerning this matter, plea	use call:					
Shayne Smith	at (954)_798-3612					
Name of Contact Person	Area Code & Daytime Telephone Number					
Enclosed is a check for the following amount made	payable to the Florida Department of State:					
■ \$35 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & □\$52.50 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	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle					

Tallahassec, FL 32301

## Articles of Amendment to Articles of Incorporation of

	Articles of Inco	orporation	, ,	
	Isles Beauty	Bar, Inc.		<b>5</b>
(Name of Corp	oration as currently	filed with the Flor	7919 FIG. 19 AM	II: 57
	P1900001			3 -
(1	Document Number of	Corporation (if kno-	wn)	<del></del>
Pursuant to the provisions of section 607.1006, Fits Articles of Incorporation:	Torida Statutes, this F	Torida Profit Corpo	pration adopts the fol	lowing amendment(s)
A. If amending name, enter the new name of	the corporation:			
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "word "chartered," "professional association," o	Corp. "Inc." or "C	o". A professiona.	"incorporated" or I corporation name	The new the abbreviation must contain the
B. Enter new principal office address, if appli	cable:	Isles Bea	auty Bar	
Principal office address <u>MUST BE A STREET</u>	REET ADDRESS )	19201 Collins Avenue #CU205A		:U205A
		Sunny Isla	es Beach,FL 33	160
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u>E BOX</u> )	Isles Bea	uty Bar	
		19201 Collins Avenue #CU205A		#CU205A
	Sunny Isles Beach,FL 33160		33160	
D. If amending the registered agent and/or represent registered agent and/or the new registered agent and/or the new registered agent	gistered office addres ered office address:	ss in Florida, enter	the name of the	
Name of New Registered Agent	Shayne S	mith		
	1400 NW 9	7th Terrace		
<del></del>	(Florida street	(address)		<del></del>
	,			
New Registered Office Address:	Coral Spr	ings	, Florida	33071

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:	ove, ana Sa	ily Smith, SV as an Add.	
X Change	<u>PT</u>	John Doc	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	_VP_	Karina Campos-Smith	1100 Biscayne Boulevard
Add			<u>#5</u> 707
X Remove			Miami, FL 33132
2) Change			
Add			
Remove			
3 ) Change		_	
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change	<del>-</del>		
Add			
Remove			

	ticles, enter change(s) here: (Be specific)
<u></u>	
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<del></del>	
an amendment provides for an excharge the amen	nange, reclassification, or cancellation of issued shares,
an amendment provides for an excharovisions for implementing the amen (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, andment if not contained in the amendment itself:
rovisions for implementing the amen	nange, reclassification, or cancellation of issued shares, and and and an and an angellation of issued shares, and an angellation of issued shares are an another interest.
rovisions for implementing the amen	nange, reclassification, or cancellation of issued shares, and and and an and an angel itself:
rovisions for implementing the amen	nange, reclassification, or cancellation of issued shares, and and and in the amendment itself:
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rovisions for implementing the amen	nange, reclassification, or cancellation of issued shares, and and and in the amendment itself:
provisions for implementing the amen	nange, reclassification, or cancellation of issued shares, and and the amendment itself:
provisions for implementing the amen	nange, reclassification, or cancellation of issued shares, and and in the amendment itself:

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The date of each amendment(s) adop date this document was signed.	tion: August 9, 2019	, if other than the
Effective date if applicable:	August 9, 2019	
	(no more than 90 days after amendment file o	date)
<b>Note:</b> If the date inserted in this bloc document's effective date on the Depar	k does not meet the applicable statutory filing requirer tment of State's records.	ments, this date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
☑ The amendment(s) was/were adopte by the shareholders was/were suffice	d by the shareholders. The number of votes cast for the ient for approval.	amendment(s)
☐ The amendment(s) was/were approvement be separately provided for each	ed by the shareholders through voting groups. The follows the voting group entitled to vote separately on the amena	owing statement Iment(s):
"The number of votes cast for	the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
☐ The amendment(s) was/were adopte action was not required.	d by the board of directors without shareholder action as	nd shareholder
☐ The amendment(s) was/were adopte action was not required.	d by the incorporators without shareholder action and sh	nareholder
<u> </u>	ust 9, 2019	
selected, b	tor, president or other officer – if directors or officers have an incorporator – if in the hands of a receiver, trustee, fiduciary by that fiduciary	
	Shayne Smith	
_	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	

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