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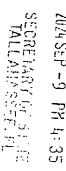
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## **COVER LETTER**

TO: Amendment Section Division of Corporations D'vanite Esthetecs NAME OF CORPORATION: DOCUMENT NUMBER: <u>P190000 21410</u> The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Firm/ Company Envic RD Suite B eshelics@Comail.com
be used for future annual report notification) For further information concerning this matter, please call: at (813 570 - 1807 Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: S35 Filing Fee □\$52.50 Filing Fee □\$43.75 Filing Fee & ☐\$43.75 Filing Fee & Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (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 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## Articles of Amendment to

Articles of Incorporation of

Dranite Esthetics inc	-
(Name of Corporation as current	ly filed with the Florida Dept. of State)
P 19000021410	
(Document Number of	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	Then 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 name must cantion the mord
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	OF THE
C. Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered office address registered agent and/or the new registered office address	lress in Florida, enter the name of the S:
Name of New Registered Agent	
(Florida si	reet address)
New Registered Office Address:	Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familiar	<u>t:</u> with and accept the obligations of the position.
Signature of New	Registered 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)

Example:

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.

X Change	PT	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	<u> 19</u>	Perez, Jose P	5221 Ehrlich RD
Add			suite B
X Remove			Tampa, F1 33624
2) Change			·
Add			
Remove Change			
Add			~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
Remove			2021 SEP SECREI
4) Change			REF.
Add			76 6
Remove			1557 PH 4:
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

attach additional sheets, if necessary). (Be specific)	
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	2024 SEP -9 SECRETAR
f an amendment provides for an exchange, reclassification, or cancellation of issued shares,	T SI
provisions for implementing the amendment if not contained in the amendment itself:  (if not applicable, indicate N/A)	
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N   A	1999年
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The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
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, 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 a action was not required.	and shareholder
The amendment(s) was/were adopted by the shareholders. The number of votes east for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ 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):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
hy"  (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 tiduciary by that fiduciary)	202
Caraldo Diana	TORE!
(Typed or printed name of person signing)	1 0 ch
President	BY PE
(Title of person signing)	MU F.
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