

P19 0000 26153

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

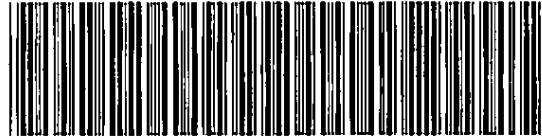
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07/29/2021 JH

FILED  
2021 JUL -9 PM 1:48  
SECRETARY OF STATE  
TALLAHASSEE, FL

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: PassionNail Lounge, INC  
DOCUMENT NUMBER: P19000026153

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

HAN DOAN  
Name of Contact Person  
Passion Nail lounge, INC.  
Firm/ Company  
2592 W. Indian town Rd.  
Address  
Jupiter FL 33458  
City/ State and Zip Code  
PassionnailLoungeJupiter@Gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Robert T Zimmerman at (561) 441-6054  
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  
☐ \$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

**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

Passion Nail Lounge, INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

P19000026153

(Document Number of Corporation (if known))

2021 JUL -9 PM 1:48

TALLAHASSEE

Pursuant to the provisions of section 607.1006, Florida Statutes, this **Florida Profit Corporation** adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

N/A The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co." A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:  
(Principal office address **MUST BE A STREET ADDRESS**)

N/A

C. Enter new mailing address, if applicable:  
(Mailing address **MAY BE A POST OFFICE BOX**)

N/A

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent

Robert ZIMMERMAN

6991 N. STATE RD 7

(Florida street address)

New Registered Office Address:

Parkland

(City)

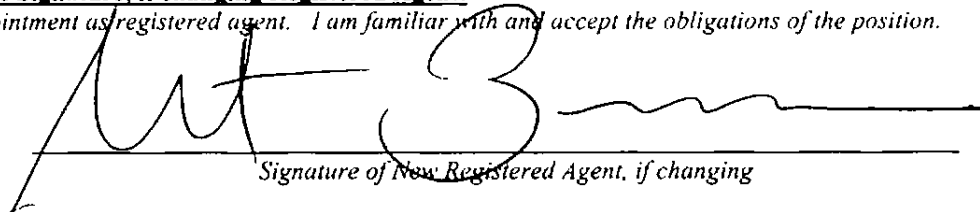
, Florida

33073

(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar 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)

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      PT      John Doe

X Remove      V      Mike Jones

X Add      SV      Sally Smith

Type of Action  
(Check One)

Title

Name

Address

- |   |          |                         |                                |
|---|----------|-------------------------|--------------------------------|
| 1) <input type="checkbox"/> Change            | <u>P</u> | <u>AMANDA LAM</u>       | <u>2592 W. Indian town Rd.</u> |
| <input type="checkbox"/> Add                  |          |                         | <u>Jupiter, FL 33458</u>       |
| <input checked="" type="checkbox"/> Remove    |          |                         |                                |
| 2) <input checked="" type="checkbox"/> Change | <u>P</u> | <u>HAN DOAN</u>         | <u>2592 W. Indian town Rd.</u> |
| <input type="checkbox"/> Add                  |          |                         | <u>Jupiter FL 33458</u>        |
| <input type="checkbox"/> Remove               |          |                         |                                |
| 3) <input type="checkbox"/> Change            | <u>V</u> | <u>Robert Zimmerman</u> | <u>6991 N state Rd 7</u>       |
| <input checked="" type="checkbox"/> Add       |          |                         | <u>2nd floor</u>               |
| <input type="checkbox"/> Remove               |          |                         | <u>Park land, FL 33073</u>     |
| 4) <input type="checkbox"/> Change            |          |                         |                                |
| <input type="checkbox"/> Add                  |          |                         |                                |
| <input type="checkbox"/> Remove               |          |                         |                                |
| 5) <input type="checkbox"/> Change            |          |                         |                                |
| <input type="checkbox"/> Add                  |          |                         |                                |
| <input type="checkbox"/> Remove               |          |                         |                                |
| 6) <input type="checkbox"/> Change            |          |                         |                                |
| <input type="checkbox"/> Add                  |          |                         |                                |
| <input type="checkbox"/> Remove               |          |                         |                                |

**E. If amending or adding additional Articles, enter change(s) here:**

*(Attach additional sheets, if necessary). (Be specific)*

N/A

**F. 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)*

N/A

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 will not be listed as the document's effective date on the Department of State's records.

**Adoption of Amendment(s) (CHECK ONE)**

- ☒ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.
- ☐ 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.
- ☐ 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  
by \_\_\_\_\_"  
(voting group)

Dated 6-22-21

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)

HAN DOAN

(Typed or printed name of person signing)

President

(Title of person signing)

### APPOINTMENT POLICIES

Prepared for: Han Doan

#### Cancellation Policy:

In fairness to both our clinical providers and other clients we kindly ask that should you need to cancel or reschedule your appointment, you do so no less than **48 business** hours before your scheduled appointment time. Monday & Tuesday appointments must be cancelled no later than 12:00 p.m. on Friday. Should your appointment be cancelled without sufficient notice, you will be required to pay the full fee for the scheduled appointment.

#### Appointment Reminders:

Therapeutic Oasis sends email reminders to clients as a courtesy. It is your responsibility to keep your appointment whether or not you receive any reminder from us.

#### Late Appointments:

If you are more than 15 minutes late, your appointment may be forfeited and a late cancel fee will be charged.

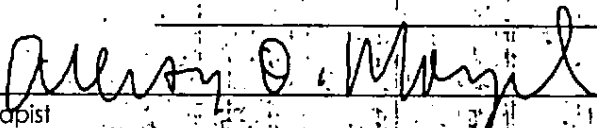
Please note that frequent cancellations will require pre-payment of your appointments.

I, Han Doan, (client) understand and agree to the cancellation policy listed above.



Client

Date

LATE CANCEL FORGIVENESS	
I, <u>Allison Moyel</u>	(therapist) agree to waive the fee for the
following appointment: <u>6/10/21 at 7:00 pm</u>	
	<u>6/14/21</u>
Therapist	Date