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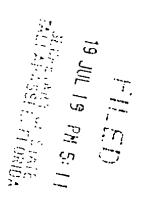
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: _	ESCAPE N	SAIL SPA VENICE INC	
DOCUMENT NUMBER:	P1900003	7257	
The enclosed Articles of Amendme	ent and fee are sub	omitted for filing.	
Please return all correspondence co	oncerning this mat	ter to the following:	
LOC THAI.	СРА		
LOC THAI	CPA, PC	Name of Contact Persor	1
		Firm/ Company	
4897 BUFO	RD HWY STE 22	·	
	· · · · · · · · · · · · · · · · · · ·	Address	
ATLANTA.	. GA 30341-3669)	
		City/ State and Zip Code	
LOCTHAICPA(a)	GMAIL.COM		
E-mail	address: (to be us	ed for future annual report	notification)
For further information concerning	this matter, pleas	e call;	
LOC THAI, CPA		at (696-1189
Name of Contact Pe	erson		de & Daytime Telephone Number
Enclosed is a check for the following	ng amount made p	payable to the Florida Depa	rtment of State:
	75 Filing Fee & ficate 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 Addres Amendment Sect Division of Corp P.O. Box 6327 Tallahassee, FL	tion orations	Amend Divisio Clifton 2664 E	Address ment Section of Corporations Building xecutive Center Circle assec, FL 32301

Articles of Amendment to Articles of Incorporation of

ESCAPE NAIL SPA VENICE INC

(Name (of Corporation as current	ly filed with the Florida Dept. of State)		
P19000037257				
	(Document Number c	f Corporation (if known)		
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, this	Florida Profit Corporation adopts the following amendment		
A. If amending name, enter the new na	ime of the corporation:			
N/A		The new		
	iation "Corp," "Inc," or	on," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the		
B. Enter new principal office address,	if annlicable:	N/A		
(Principal office address MUST BE A S				
C. Enter new mailing address, if appl	icable:	NO.		
(Mailing address MAY BE A POST		N/A		
D. If amending the registered agent an				
new registered agent and/or the new				
Name of New Registered Agent	N/A	F 7,		
		5 T		
	(Florida st	reet address)		
New Registered Office Address:	N/A	Florida S. S. O		
New Negisierea Office Analiess.	-	City: Florida: Zip Code:		
New Registered Agent's Signature, if c				
I hereby accept the appointment as regist	tered agent. I am familiar	with and accept the obligations of the position.		
	Signature of Many	Registered Agent if changing		

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, 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:

 $P = President; \ V = Vice \ President; \ T = Treasurer; \ S = Secretary; \ D = Director; \ TR = Trustee; \ C = Chairman or Clerk; \ CEO = C Executive Officer; \ CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each <math>\epsilon$ 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. The 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 Chamike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	SEC	AYE, THEINGI	5521 BURNT BRANCH CIR
Add		-	SARASOTA, FL 34232
X Remove			
2) Change	VP	NGUYEN, ANH Q	5521 BURNT BRANCH CIR
Add			SARASOTA, FL 34232
X Remove			
3) Change			
Add			19
Remove			37 1
4) Change			- R M
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
D.sumasses			

(Attach additional sheets, if necessary). (Be specific)			
N/A			
			_
		•-	
			
		-	
		<u>@</u>	
	17 ; · 27 }	J. J.	-1!
		9	
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,	***	DX:	. ? }
provisions for implementing the amendment if not contained in the amendment itself:	; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;	ري ن	\Box
(if not applicable, indicate N/A)			
N/A			
			-
			
			

	Date this document was signed	
The date of each amendment(s)	adoption:	, if other tha
date this document was signed.		
	N/A	
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in thi document's effective date on the	block does not meet the applicable statutory filing requirements, this dat Department of State's records.	e will not be listed a
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendment(s sufficient for approval.)
	pproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):	nt
"The number of votes ea	st for the amendment(s) was/were sufficient for approval	
by	."	
	(voting group)	
action was not required. The amendment(s) was/were a	dopted by the board of directors without shareholder action and shareholder dopted by the incorporators without shareholder action and shareholder $\frac{2}{C}$	r Ö
action was not required. Dated	7 - 15 - 19	1 F
		29 in
Signature		
	director, president or other officer if directors or officers have not been	
-	ted, by an incorporator – if in the hands of a receiver, trustee, or other gourt	_
	inted fiduciary by that fiduciary)	
арди	inica naderary by that naderary)	
	TONG NGUYEN	
	(Typed or printed name of person signing)	
	President/Incorporator	
	(Title at person signing)	