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| Certified Copies Certificates of Status | | | | | |
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| Special Instructions to Filing Officer: | | | | | |
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Office Use Only



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COVER LETTER

NAME OF CORPORATION: LUNGY ANGEL LOS NES TICE

DOCUMENT NUMBER: P19000 419413

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

Please return all correspondence concerning this matter to the following:

Kaylee Dvornik
Name of Contact Person

Lungy Angel Loshes

Firm/ Company

2300 Cooper St. Unit D3

Address

Punto Gorda Florida 33950

City/ State and Zip Code

For further information concerning this matter, please call:

KOYICE DIOTNIK at (941) 275 -5145
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

TO: Amendment Section

☐\$43.75 Filing Fee & Certificate of Status

☐\$43.75 Filing Fee & Certified Copy (Additional copy is

enclosed)

Certificate of Status Certified Copy (Additional Copy

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

is enclosed)

Articles of Amendment

to

Articles of Incorporation

of

| Lunar Angel Lashes In | |
|--|------|
| (Name of Corporation as currently filed with the Florida Dept. of State) | _ |
| P19000049413 | |
| (Document Number of Corporation (if known) | _ |
| Pursuant to the provisions of section 607,1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) its Articles of Incorporation: | to |
| 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) 2300 COOPET ST, Unit | + D3 |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 23.950 2300 Cooper St. Unit D3 Punta Gorder F1.33950 | а |
| 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 KOYLLL DYOYNIK 2300 COOPER St. Unit D3 (Florida street address) | |
| New Registered Office Address: Punto Bordo , Florida 33 950 (City) (Zip Code) | |

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

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

Signature of New Registered Agent, if changin

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:

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

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.

| Mike Jones, V as Remove, Example: | and Sali | ly Smith, SV as an Add. | |
|--------------------------------------|-------------------|--------------------------------------|--------------------------------|
| X Change | <u>PT</u> | John Doe | |
| X Remove | \underline{V} . | Mike Jones | |
| X Add | <u>sv</u> | Sally Smith | |
| Type of Action (Check One) | <u>Title</u> | <u>Name</u> | Address |
| 1) Change | P | Galvan Audrey R | 2300 Cooper |
| Add _X Remove | | _ | St. D3 Punta Gorda El 33950 |
| 2) X Change | XP CEO | Dyornik, Kaylee A,M | 2300 cooperst. D3 Punta Gorda |
| Remove 3) Change | | | F1_33950 |
| Add Remove | | | |
| 4) Change | · | | |
| Add Remove | | | |
| 5) Change | | | |
| Add Remove | | | |
| 6) Change | | | |
| Add | | | |
| Remove | | | |
| | | Page 2 of 4 | |
| E. If amending or addin | g additic | onal Articles, enter change(s) here: | |

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| provisions for implementing the amend (if not applicable, indicate N/A) | lment if not contained | in the amendment itself | | |
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| | Page 3 of | 4 | | |
| The date of each amendment(s) adoption: _ late this document was signed. | (Approximation) | 6/05/19 | | if other than the |
| Effective date <u>if applicable</u> : | | | | |
| application | (no more than 90 de | rys after amendment file d | ale) | |

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) | (<u>CHECK ONE</u>) | |
|--|----------------------------|--|
| ☐ The amendment(s) was/were ado by the shareholders was/were su | | The number of votes cast for the amendment(s) |
| | | through voting groups. The following statement I to vote separately on the amendment(s): |
| "The number of votes cast | for the amendment(s) was | /were sufficient for approval |
| by | | <u>.</u> |
| | (voting group) | |
| ☐ The amendment(s) was/were ado action was not required. | pted by the board of direc | tors without shareholder action and shareholder |
| The amendment(s) was/were ado action was not required. | pted by the incorporators | without shareholder action and shareholder |
| Dated_12_/1 | 9/19 | |
| (By a di selected | | officer – if directors or officers have not been n the hands of a receiver, trustee, or other court ary) |
| | Kaylee (Typed or prin | DVOKNIK ted name of person signing) |
| | (Title of person signing) | |