P190000 65032

(Re	equestor's Name)	
(Ad	Idress)	
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(Cir	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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C. GOLDEN 0CT 2.9 2019

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	MARIOLA'S NA	AILS SALON &	SPA COR	P
DOCUMENT NUMBER:	P19000	0065032		
The enclosed Articles of Amend	<i>ment</i> and fee are su	bmitted for filin	g.	
Please return all correspondence	concerning this ma	tter to the follov	ving:	
		N 66		
	DILL DEVELO	Name of Co		1
	RIVADENEIRA			
		Finn/ C		
		2742 SW 8 STF		
		Add		
	N	HAMI FLORID		
		City/ State a	nd Zip Cod	e
		riva@gate.net		
E-ma	ail address: (to be us	sed for future an	nual report	notification)
for further information concerni	ng this matter, pleas	se call:		
Clara Rivadei	neira	at (305	6432248
Name of Contact	Person	,-	Area Co	de & Daytime Telephone Number
Enclosed is a check for the follo	wing amount made	payable to the F	lorida Depa	artment of State:
	3.75 Filing Fee & rtificate of Status	S43.75 Fili Certified C (Additional enclosed)	ору	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section			Ameno	Address Iment Section
Division of Co P.O. Box 6323			on of Corporations Building	
Tallahassee, FL 32314				Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation



MARIOLA'S NAILS SALON & SPA CORP.

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(Name of Corporation as	currently filed with the Florida Dept. of State)
P190	000065032
(Document N	Sumber of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida State its Articles of Incorporation:	utes, this Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corpora	ation:
	The new
	orporation," "company," or "incorporated" or the abbreviation nc," or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDRESS</u>	<u>s</u>)
	
C. Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered of	ffice address in Florida, enter the name of the
new registered agent and/or the new registered office	address;
Name of New Registered Agent	
	Florida street address)
N = D = 1 = 1/2001 = 1.11 = = 1	C1 1
New Registered Office Address:	, Florida
	•
New Registered Agent's Signature, if changing Registere	
I hereby accept the appointment as registered agent. I am j	familiar with and accept the obligations of the position.
Signature	of New 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, 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	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>\$V</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change			
Add			
Remove			
3) Change		_	
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)
AMENDING ARTICLE V CORRECT NAME IS MARIA DE LA O BLANCO MOR
AMENDING ARTICLE VI CORRECT NAME IS MARIA DE LA O BLANCO MOR
AMENDING ARTICLE VII CORRECT NAME IS MARIA DE LA O BLANCO MOR
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)

09/25/2019	
The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
09/25/2019	
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.	e will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
■ 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 statemen must be separately provided for each voting group entitled to vote separately on the amendment(s):	ď
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
by" (voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 7/30/2019 Signature	
Signature CEHOLA 15 Enco	
(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)	
MARIA DE LA BLANCO MOR	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	