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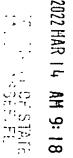
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Tallahassee, FL 32303

TO: Amendment Section Division of Corporations

TOP GLAMOUR BY GMJ SPA, I			
DOCUMENT NUMBER: P20000018071	Name of Corporation		
The enclosed Articles of Correction and f	ee are submitted	I for filing.	
Please return all correspondence concerni	ng this matter to	the following:	
GISELLE PADRON DELGADO			
Name of Contact Person	<u>.</u>		
TOP GLAMOUR BY GMJ SPA, INC.			
Firm/Company	<u></u>		
15550 SW 152 AVENUE			
Address			
MIAMI, FLORIDA 33187			
City/State and Zip Code			
topglamourbygmj1467@yahoo.com			
E-mail address: (to be used for future annual i	eport notification)	_	
For further information concerning this m	atter, please cal	! :	
_	•		
Name of Contact Person	at (Area Code	438-6810 Daytime Telephone Number	
Enclosed is a check for the following ame	ount:		
■ \$35.00 Filing Fee	□ \$43.75 Fi	□ \$43.75 Filing Fee & Certificate of Status	
☐ \$43.75 Filing Fee & Certified Copy	☐ \$52.50 Filing Fee, Certificate of Status & Certified 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 816	

ARTICLES OF CORRECTION

For

Name of Corporation as currently filed with the Florida De	ept, of State	
P20000018071		
Document Number (if known)		
Pursuant to the provisions of Section 607.0124, Florida Statutes.		
These articles of correction correct ARTICLES OF INCORPORATIO	Ν .	
(incline i spe	e Being Corrected)	
filed with the Department of State on FEBRUARY 24, 2020 (File Date of Document)		
Specify the inaccuracy, incorrect statement, or defect:		
NAME CORRECTION FOR THE CORPORATION		
THE NAME WAS MISSPELLED		 2 022
WE NEED IT TO APPEAR AS: TOP GLAMOUR BY GMJ SPA, INC.		AAR
	•••	<u>-</u> -
	- <u>27</u> 330	
	:T1	ي ر
		
Correct the inaccuracy, incorrect statement, or defect: TOP GLAMOUR BY GMJ SPA, INC.		
(Sign after of a Virector, president or other officer - if in the hand) of the reother court appointed fiduciary, by that fiduciary.)	or officers have creiver, trustee, or	
GISELLE PADRON DELGADO	PRESIDENT	
(Typed or printed name of person signing)	(Title of person signing)	

Filing Fee: \$35.00