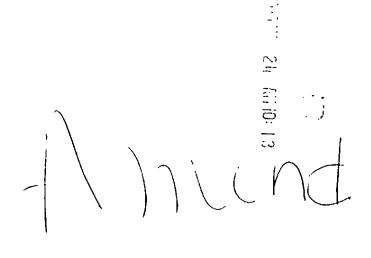
P20000045540





400355573354

11/34/20--01090--020 **35.60



JAH 1 2 221

I ALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORP	ORATION: Ms Nail Angels Na	ails Inc				
	MBER: P20000045540					
	es of Amendment and fee are su	bmitted for filing.				
Please return all cor	respondence concerning this ma	tter to the following:				
	Tiffani D. Smith					
		Name of Contact Person	1			
	Ms. Nail Angels Nails, Inc.					
	Firm/ Company					
	452 Osceola Street #214					
	Address					
	Altamonte Springs Florida 32701					
		City/ State and Zip Code	e			
	msnailangelsnails@gmail.cor	m				
	E-mail address: (to be us	sed for future annual report	notification)			
For further information	tion concerning this matter, pleas	se call:				
Tiffani D. Smith		at (3(X)-6595			
Nam	ie of Contact Person	Area Co	de & Daytime Telephone Number			
Enclosed is a check	for the following amount made	payable to the Florida Depa	artment of State:			
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 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		Amend Division The Co 2415 N	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303			

Articles of Amendment to Articles of Incorporation of

Cotate)

Ms Nail Angels Nails, Inc

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

	ly filed with the Florida Dept. of State)	
0000045540		
(Document Number of	of Corporation (if known)	
rsuant to the provisions of section 607,1006, Florida Statutes, this Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s	
If amending name, enter the new name of the corporation:		
A	The new	
me must be distinguishable and contain the word "corporation," " ic.," or Co.," or the designation "Corp," "Inc," or "Co" hartered," "professional association," or the abbreviation "P.A.	'company," or "incorporated" or the abbreviation "Corp.," A professional corporation name must contain the word	
Enter new principal office address, if applicable:	452 Osceola Street #214	
incipal office address MUST BE A STREET ADDRESS)	Altamonte Springs, Florida 32701	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	452 Osceola Street #214	
	Altamonte Springs, Florida 32701	
If amending the registered agent and/or registered office add	less in Florida, enter the name of the	
new registered agent and/or the new registered office address	S:	
Name of New Registered Agent N/A		
(Florida sti	reet address)	
New Registered Office Address:	(City), Florida (Zip Code)	

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)

Example:

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.

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)	<u>Title</u>	<u>Name</u>		<u>Addres</u> s
1) XX Change	S, T	Clarence L. Smit	h 	
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 Art (Attach additional sheets, if necessary).	<u>ticles, enter change(s) here</u> : . (Be specific)
N/A	
· · · · · · · · · · · · · · · · · · ·	
	
	
	
F. If an amendment provides for an exc	hange, reclassification, or cancellation of issued shares,
provisions for implementing the am (if not applicable, indicate N/A)	endment if not contained in the amendment itself:
N/A	
	

 $(\mathbf{x}_{i}, \mathbf{x}_{i}, \mathbf{x$

•	11/5/2020	
The date of each amendment(s) ac	option:	, if other than the
date this document was signed.		
	2020	
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment fi	le date)
Note: If the date inserted in this blocument's effective date on the De	ock does not meet the applicable statutory filing requipartment of State's records.	irements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were ado action was not required.	pted by the incorporators, or board of directors without	shareholder action and shareholder
☐ The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes cast for fficient for approval.	the amendment(s)
must be separately provided for	roved by the shareholders through voting groups. The feach voting group entitled to vote separately on the ame	
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	"	
- J	(voting group)	
11/7/2020 Dated		
Signature	Dillioni Anuta	
	rector, president or other officer - if directors or officer	s have not been
	l, by an incorporator – if in the hands of a receiver, trust	
	ed fiduciary by that fiduciary)	30, 57 51107 55511
• •		
	Tiffani D. Smith	
	(Typed or printed name of person signing)	
	President	

(Title of person signing)