## P20000081559

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2023 SEP -6 PM 3: 11

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	RATION: REINO DE EXTER	NCIONES BEAUTY SALO	ON & SPA CORP
DOCUMENT NUMI			
	of Amendment and fee are su	bmitted for filing.	
Please return all corres	spondence concerning this ma	tter to the following:	
	EVELIN GONZALEZ AMA	RO (	
		Name of Condict Persor	1
	6568 NW 186TH ST	Firm/ Company	
	HIALEAH, FL 33015	Address	
		City/ State and Zip Code	:
	TAX.CENTER.EEUU@GM	AIL.COM	
	E-mail address: (to be us	sed for future annual report	notification)
For further information	n concerning this matter, pleas	se call:	
EVELIN GONZALE	Z AMARO	at (	) 773-5670 de & Daytime Telephone Number
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	or the following amount made	payable to the Florida Dep	artment of State:
S35 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)
Am Div P.O	iling Address endment Section ision of Corporations . Box 6327 ahassee, FL 32314	Ameno Divisio The C	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment Articles of Incorporation of

FILED 2023 SEP -6 PM 3: 11 REINO DE EXTENCIONES BEAUTY SALON & SPA CORP (Name of Corporation as currently filed with the Florida Dept. of State) P20000081559 (Document Number of Corporation (if known) Pursuant to the provisions of section 607,1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: REINO DE EXTENSIONES BEAUTY SALON & SPA CORP 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." N/A B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: N/A (Mailing address MAY BE A POST OFFICE BOX) 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: N/A Name of New Registered Agent N/A (Florida street address) N/A New Registered Office Address: (City) New Registered Agent's Signature, if changing Registered Agent; I hereby accept the appointment as registered agent. I am fluidling with and accept the obligations of the position.

Signature of New Registered Agent, if changing

Check if applicable

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

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>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	N/A	N/A	 N/A
Add			
Remove			· 
2) Change			 
Add			
Remove 3 ) Change			 
Add			Professional Control
Remove			
4) Change			 
Add			
Remove			
5) Change			 
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Remove			
6) Change			
Add			 
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If an amendment r	orovides for an exchan	ge, reclassification, o	or cancellation of issi	ued shares.	
provisions for imp	plementing the amend	ment if not contained	d in the amendment	itself:	
(if not applica	ble, indicate N/A)				
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•	08/28/2023	
The date of each amendment(s) add	option:	if other than the
date this document was signed.		
08/29/	/2023	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	<del></del>
	(no more than 50 days after amendment file date)	
Note: If the date inserted in this blo document's effective date on the Dep	ock does not meet the applicable statutory filing requirements, this date artment of State's records.	ite will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were adopted action was not required.	ted by the incorporators, or board of directors without shareholder acti	on and shareholder
☐ The amendment(s) was/were adop by the shareholders was/were suf	eted by the shareholders. The number of votes cast for the amendment ficient for approval.	s)
must be separately provided for c	oved by the shareholders through voting groups. The following statem ach voting group entitled to vote separately on the amendment(s):  or the amendment(s) was/were sufficient for approval  (voting group)	FILE 2023 SEP -6 SECURATIONS
08/28/2023 Dated	- Caill	PH 3: 11  SEFLORIDA
(By a dir selected.	ector, president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other could fiduciary by that fiduciary)	rt
i	EVELIN GONZALEZ AMARO	
-	(Typed or printed name of person signing)	
ī	PRESIDENT	
<del>-</del>	(Title of person signing)	