

P20000094940

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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600361526886

03/08/21-- 01030--020 **43.75

FILED
2021 JUN 23 PM 3:23
JUL 02 2021

cc
Amend

JUL 02 2021
ALBRITTON

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Lindika Hair Salon Beauty Supply Corp
DOCUMENT NUMBER: P2 00000 94940

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

Please return all correspondence concerning this matter to the following:

Griselle Ponte (notary ID 96582 66271928)
Name of Contact Person
New-faith Investment
Firm/ Company
8004 NW 154 St # 154
Address
MIAMI LAKES FL 33016
City/ State and Zip Code
Lindika Beauty@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Griselle Ponte at (786) 314 2045
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:

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input checked="" type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$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

Street Address

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 18, 2021

GRISELLE PORTE
NOTARY PUBLIC OF FLORIDA/NEW FAITH
8004 NW 154 ST #154
MIAMI LAKES, FL 33016

SUBJECT: LINDIKA HAIR SALON BEAUTY SUPPLY CORP
Ref. Number: P20000094940

2021 JUN 23 PM 2:06

We have received your document for LINDIKA HAIR SALON BEAUTY SUPPLY CORP and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Foreign Corporation, but your entity is a Florida Profit Corporation. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 021A00010509

FILED
2021 JUN 23 PM 3:23
p.
State

(Name of Corporation as currently filed with the Florida Dept. of State)

(Document Number of Corporation (if known))

A. If amending name, enter the new name of the corporation:

1455 NW 107 Ave #168
DORAL, FL 33172

8004 NW 154 st #154
Miami Lakes FL 33016

(Florida street address)

(Zip Code)

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

Signature of New Registered Agent, if changing

☒ The amendment(s) is/are being filed pursuant to s. 607.0120 (1) (c), 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:

☒ Change PT John Doe

☐ Remove V Mike Jones

☐ Add SV Sally Smith

Type of Action
(Check One)

Title

Name

Address

- 1) ☐ Change PTD MARION Enrriquez 8004 NW 154 St #154
☒ Add _____ _____ MIAMI LAKES FL 33016
☐ 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)

N/A

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)

Changes on Sharehold

TANIA VITA Sharehold 5070

MARIO L Enriquez Sharehold 5070

The date of each amendment(s) adoption: 3/26/2021, if other than the date this document was signed.

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 will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

- ☐ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.
- ☒ 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 statement must be separately provided for each voting group entitled to vote separately on the amendment(s):

"The number of votes cast for the amendment(s) was/were sufficient for approval

by [Signature]
(voting group)

Dated 6/14/2021

Signature [Signature]

(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)

[Signature]
(Typed or printed name of person signing)

PTD
(Title of person signing)