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SECRETAPT OF STATE

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	DRATION: HASAN IMPORT	S CORP	
	1BER: P20000097040		
The enclosed Article	s of Amendment and fee are su	bmitted for filing.	
Please return all correspondence concerning this mat		tter to the following:	
	ANA CLARA PIMENTA		
		Name of Contact Persor	1
	ACP BUSINESS USA CORE	)	
	<del>4</del>	Firm/ Company	
	777 BRICKELL AVE 500-2	i	
		Address	
	MIAMI FL 33131		
		City/ State and Zip Code	1
	ANACLARA@ACPBUSINI	ESSUSA.COM	
	E-mail address: (to be us	sed for future annual report	notification)
For further informati	ion concerning this matter, pleas		2336595
Name of Contact Person		at ( Area Co	) 2336595 de & Daytime Telephone Number
	for the following amount made		
■ \$35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ai Di P.	ailing Address mendment Section vision of Corporations O. Box 6327 dlahassee, FL 32314	Amend Divisio The C 2415 i	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 ussee, FL 32303

## Articles of Amendment to Articles of Incorporation of

HASAN IMPORTS COR	Н	145	A N	IМ	P()R'	ĽS	CC	١R	P
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/Name of Cornorati	ion as currently filed with the Florid	lu Dent of State)
P2000097040	on as currency med with the Florid	ia Dept. of Mate
(Docum	ment Number of Corporation (if know	n)
Pursuant to the provisions of section 607,1006, Floridate Articles of Incorporation:	a Statutes, this <i>Florida Profit Corpora</i>	ation adopts the following amendment(s)
A. If amending name, enter the new name of the co	orporation:	
BRAZILIAN AESTHETIC & BEAUTY BY KELEN	l CORP	The new
name must be distinguishable and contain the word "co "Inc.," or Co.," or the designation "Corp." "Inc, "chartered," "professional association," or the abbre	" or "Co". A professional corpore	rated" or the abbreviation "Corp.,"
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADI		
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BO</u>	<u></u>	2024 AUG
D. If amending the registered agent and/or registe new registered agent and/or the new registered		the name of the SS 82
Name of New Registered Agent		<u> </u>
	(Florida street address)	
N D : 100 H	·····	et il
New Registered Office Address:	(City)	, Florida (Zsp Code)
New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agent.		ligations of the position.
	Aller Denter Library W. L.	
Sign	nature of New Registered Agent, if cha	nging

## 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)

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	$\underline{SV}$	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
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)	
THE CHANGES ARE ONLY FOR THE NAME, ALL THE REST REMAINS THE SAME.	
	_
	_
	_
	_
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)	
N/A	
	_
	_
	_

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	doption:, if other tha
late this document was signed.	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)
Note: If the date inserted in this blocument's effective date on the D	block does not meet the applicable statutory filing requirements, this date will not be listed a
Adoption of Amendment(s)	( <u>CHECK ONE</u> )
■ The amendment(s) was/were ad action was not required.	opted by the incorporators, or board of directors without shareholder action and shareholder
☐ The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes cast for the amendment(s) afficient for approval.
	proved by the shareholders through voting groups. The following statement cach 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	
	(voting group)
08/09/2024 Dated	
Signature	Kellen Chuquel Haran
selecte	d, by an incorporator – if in the hands of a receiver, trustee, or other court ted fiduciary)
	KELEN CHUQUEL HASAN
	(Typed or printed name of person signing)
	PRESIDENT

(Title of person signing)

the

the