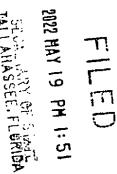
P21000020536

Office Use Only



100387907951

05/18/22--01905--010 **35.00





COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: LILY HOUSE OF	BRAIDS INC			
DOCUMENT NUM	P21000020536		 		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.			
Please return all corre	spondence concerning this ma	tter to the following:			
	MONIE LILY CHARLES				
		Name of Contact Persor	1		
	LILY HOUSE OF BAIDS INC				
		Firm/ Company			
	123 N STATE RD 7				
	Address				
	PLANTATION, FL 33317				
	City/ State and Zip Code				
	MONIELILY4@GMAIL.CO	DM			
		sed for future annual report	notification)		
For further informatic	on concerning this matter, plea	se call:	•		
MONIE LILY CHAP	RLES	at (954) 471-0826 Area Code & Daytime Telephone I			
Name	of Contact Person	Area Code & Daytime Telephone N			
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment of State:		
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐S52.50 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

Articles of Amendment to Articles of Incorporation of

ARTICLE VII			
(Name)	of Corporation as currer	ntly filed with the Flori	fa Dept. of State)
P21000020536			
	(Document Number	of Corporation til know	n)
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, thi	s Florida Profit Corpor	ation adopts the following amendment(s) to
A. If amending name, enter the new n	ame of the corporation:	•	
NONE			The new
name must be distinguishable and contain "Inc.," or Co.," or the designation "Chartered," "professional association."	Corp, " "Inc," or "Co".	A professional corpor	orated" or the abbreviation "Corp.,"
B. Enter new principal office address,	if appli <u>cable:</u>	NONE	782 782
(Principal office address MUST BE A S		NONE	S E TI
,		NONE	A 19
C. Enter new mailing address, if appl (Mailing address MAY BE A POST		NONE	PH D
- IV	(Muning address Stay Inc. a Cost Oct ICL Box)		5. 5.
D. If amending the registered agent at new registered agent and/or the new	w registered office addre	<u>:55:</u>	the name of the
Name of New Registered Agent MONIE LILY CHARLE		:S 	11
	4134 LAKE SIDE DRIV	Æ	
	(Florida :	street oddress)	
New Registered Office Address:	TAMARAC		Florida
		(City)	tZip Codes
New Registered Agent's Signature, if a linear three process of the appointment as registered.		r with and accept the ob	
	Signature of New	Registered Agent, if che	nging

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (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: X Change	<u>PT</u> <u>Joh</u>	n Doe	
X Remove	<u>V</u> <u>Mil</u>	te Jones	
X Add	<u>SV</u> <u>Sall</u>	ly Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) X Change	<u>P</u>	MONIE LILV CHARLES	4134 Lakeside Dr
Add			Tamarac, FL, 33319
Remove 2)	P.	Charles, Lily L	
Add		•	(1) 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 1 2 1 1 1 2 1
X Remove 3.) Change	<u>P</u>	Monre Lily Charles	4134 Lakeside Dr
X_ _ Add			Tamaraci FL33319
Remove			
4) Change			
Add			
Remove 5) Change	,		
Add		• ;	
Remove			202 I
6) Change	 .		
Add			- ST 9 F
Remove			

(Attach additional sheets, if i	litional Articles, enter cl	iange(s) here:		5	
(Attach thathroad success, y	necessary, the specific	,			
					
				•	

				2022 TAL:	
		-		22 1	·
				MAY I	
				- (S) - 19	5
				SEE T	
				<u> </u>	- 0
				3.4 c	<u> </u>
					
	•	· 1			
			•		
F. If an amendment provides	for an avahanas vaclass	ification or annuall	ation of icensed charge		
provisions for implementi	ing the amendment if no			1	
(ij not applicable, indic	vate N/A)				
					

The date of each amendment(s) ac	loption:	, 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 bidocument's effective date on the De	lock does not meet the applicable statutory fiting requirements, this date vipartment of State's records.	will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were ado action was not required.	pted by the incorporators, or board of directors without shareholder action a	and shareholder
by the shareholders was/were su	<u> </u>	2022
☐ The amendment(s) was/were app must be separately provided for	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	F 1 L
"The number of votes cast	for the amendment(s) was/were sufficient for approval	∄ ∭
hy		<u> </u>
	(voting group)	<u>5</u>
Dated	2012022	
Signatur	#hily	
selected	rector, president or other officer – it directors or officers have not been I, by an incorporator – if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)	
	Monie Lily Charles (Typed or printed name of person signing)	
	_	
	President	
	(Title of person signing)	

Article VI

P21000020536 FILED February 25, 2021 Sec. Of State

The name and address of the incorporator is:

MONIE L CHARLES 4134 LAKESIDE DR

TAMARAC, FL 33319

Electronic Signature of Incorporator: MONIE L CHARLES

I am the incorporator submitting these Articles of Incorporation and affirm that the facts stated herein are true. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of this corporation and every year thereafter to maintain "active" status.

Article VII

The initial officer(s) and/or director(s) of the corporation is/are:

Title: P LILY L CHARLES 4134 LAKESIDE DR TAMARAC, FL. 33319

Article VIII

The effective date for this corporation shall be: 02/22/2021

Change ARTICLE VII Name AS: MONIE LILY CHARLES