Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000224732 3)))



H230002247323ABCZ

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

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U:

Account Name : ACCTSMART INC D.B.A. AVILAS ACCOUNTING SERV

Account Number : I20180000072 Phone : (305)407-2030 Fax Number : (305)407-1370

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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COR AMND/RESTATE/CORRECT OR O/D RESIGN NATURAL BEAUTY LASH CORP.

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June 23, 2023

FLORIDA DEPARTMENT OF STATE Division of Corporations

NATURAL BEAUTY LASH CORP. 10071 SW 138TH CT MIAMI, FL 33186

SUBJECT: NATURAL BEAUTY LASH CORP.

REF: P21000023835

We received your electronically transmitted document. Bowever, the middocument has not been filed. Please make the following corrections and, refax the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is L14000144898.

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.

FAX Aud. #: H23000224732 Tammi Cline

Letter Number: 523A00014291 Regulatory Specialist II Supervisor

Articles of Amendment Articles of Incorporation of

From:13054071370

NATURAL BEAUTY LASH CORP.			
(Name	of Corporation as currently	filed with the Florida Dept. of	State)
P21000023835			
	(Document Number of	Corporation (if known)	
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, this I	Florida Profit Corporation adopts	s the following amendment(s) to
A. If amending name, enter the new n	ame of the corporation:		
NBL SOLUTIONS CORP.			_The new
name must be distinguishable and contain "Inc.," or Co.," or the designation "Chartered," "professional association,"	Corp." "Inc." or "Co". A	ompany," or "incorporated" or the professional corporation name	ne abbreviation "Corp.," must contain the word
B. Enter new principal office address,		8307 SW 142 AVE, E111	SC SC
(Principal office address MUST BE A S		MIAMI, FL 33183	8
			2
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		8307 SW 142 AVE, E111	SSEE 8:
		MIAMI, FL 33183	22 PATE
D. If amending the registered agent an new registered agent and/or the ne		ess in Florida, enter the name o	f the
	8307 SW 142 AVE, E111		
Name of New Registered Agent	*****	,	
	(Florida stre	et address)	**************************************
v 5 10.0 (11	MIAMI	·	33181 orida
New Registered Office Address:		, P10	(Zip Code)
New Registered Agent's Signature, if c	hanging Registered Agent:	ich and a scent the obligations of	tha nasitian
I hereby accept the appointment as regist	erea ageni. 1 am jaminar wi	th and accept the oongations of t	не ромнон.
	0:	A A - A - A - A - A - A - A - A - A - A	
	Signature of New Reg	gistered Agent, if changing	

Check if applicable

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

H230002247323

Example:

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, $\hat{T} = Treasurer$; S = Secretary, D = Director; TR = Trustee; C = Chairman or Clerk; CEO = ChiefExecutive 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	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	litle	<u>Name</u>	Address
1) Change	VP	JHONNATHAN ADAMES	8307 SW 142 AVE, E117 23 MIAMI, FL 33183 22 2
XAdd			MIAMI, FL 33183
Remove			SSC
2) Change			SET S
Add			AM 8: 22 OF STATE
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Kemove			
δ) Change			
Add			
Remove			

Attach additional sheets, if necessary).	(Re specific)	
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		SS.
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		コンドラ
		, , ,
an amendment provides for an exch	ange, reclassification, or cancellation of issued shares,	
provisions for implementing the ame	ndment if not contained in the amendment itself:	
(if not applicable, indicate N/A)		
		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,

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The date of each am date this document w	endment(s) adoption:as signed.	, if other than th
Effective date if app	licuble:	
	ticable: (no more than 41) days after amendment file date)	
Note: If the date ins document's effective	erted in this block does not meet the applicable statutory filing requirements, this date we date on the Department of State's records.	ill not be listed as th
Adoption of Amend	ment(s) (<u>CHECK ONE</u>)	
☐ The amendment(s action was not req) was/were adopted by the incorporators, or board of directors without shareholder action are	nd shareholder
■ The amendment(s by the shareholde) was/were adopted by the shareholders. The number of votes cast for the amendment(s) rs was/were sufficient for approval.	
must be separatel	was/were approved by the shareholders through voting groups. The following statement by provided for each voting group entitled to vote separately on the amendment(s): r of votes cast for the amendment(s) was/were sufficient for approval	2023 AUG 21
		100
-	(voting group)	
Dat	nature	RESTA
Sig	nature Julk	
	(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)	_
	NGRID J VANEGAS	
	(Typed or printed name of person signing)	
	PRESIDENT	

08/21/2023 16:08 From: 13054071370 ACCTSMART, INC. Web Fax Page: 6/6

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(Title of person signing)