## P21000027911

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

NOV 4 2021 S. PRATHER

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CO	RPORATION: LANEX BEAUTY	CENTER, INC.	
	NUMBER: P21000027911		
The enclosed Ar	ticles of Amendment and fee are su	bmitted for filing.	
Please return all	correspondence concerning this ma	tter to the following:	
	Laura Perez		
		Name of Contact Person	1
	Paz Accounting Company		
		Firm/ Company	
	9445 SW 40th Street, Suite 1)	06	
		Address	
	Miami, FI 33165		
		City/ State and Zip Cod	e
	laura@pazaccounting.com		
	E-mail address: (to be us	ed for future annual report	notification)
	mation concerning this matter, pleas		244 0772
Laura Perez		at ( <u></u>	)
N	ame of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a che	eck for the following amount made [	payable to the Florida Depa	artment of State:
S35 Filing F	ee S43.75 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	Amend Divisio The Co 2415 N	Address ment Section of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303

## Articles of Amendment to **Articles of Incorporation** of

Ai	rticles of Amendment
Art	to ticles of Incorporation
	of the state of th
LANEX BEAUTY CENTER, INC.	The second second
(Name of Corporation a	as currently filed with the Florida Dept. of State)
P21000027911	Re 🗲
(Document	t Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statists Articles of Incorporation:	atutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corpo	oration:
N/A	<u></u>
	The new oration," "company," or "incorporated" or the abbreviation "Corp.," r "Co". A professional corporation name must contain the word tion "P A "
• •	N/A
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRE	
Trincipal office datatess MOST DE ASTREET ADDRE	
C. Enter new mailing address, if applicable:	N/A
(Mailing address <u>MAY BE A POST OFFICE BOX</u> )	
D. If amending the registered agent and/or registered	
new registered agent and/or the new registered offi	ce address:
Name of New Registered Agent N/A	
	(Florida street address)
New Registered Office Address:	, Florida
New Registered Office Address.	(City) (Zip Code)
New Registered Agent's Signature, if changing Registe	red Agent:
I hereby accept the appointment as registered agent. I an	n familiar with and accept the obligations of the position.
Signatur	e of New Registered Agent, if changing
	, , , , , , , , , , , , , , , , , , ,

Check if applicable

 $\Box$  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> <u>Jo</u>	hn Doe		
X Remove	<u>v</u> <u>M</u>	ike Jones		
X Add	<u>SV</u> <u>Sa</u>	lly Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address	
1) X Change	<u>v</u>	Fernanda M Rivarola	2901 Virginia Street	_
Add			Miami, Fl 33133	-
Remove				_
2) Change	P	Rosario Pazos	2901 Virginia Street	
x Add			Miami, Fl 33133	-
Remove 3) Change				-
Add				_
Remove				-
4) Change				-
Add				_
Remove				
5) Change				
Add				-
Remove				
6) Change			<del> </del>	-
Add				_
Remove				

E. If ame	nding or adding additional Articles, enter change(s) here: additional sheets, if necessary). (Be specific)
	daditional success, if necessary). (De specyte)
N/A	
<del>-</del>	
_	<del>-</del>
_	
	<del></del>
E Ifama	
r. <u>11 an a</u> provi	mendment provides for an exchange, reclassification, or cancellation of issued shares, sions for implementing the amendment if not contained in the amendment itself:
( <i>i</i>	f not applicable, indicate N/A)
N/A	••
<del></del>	· · · · · · · · · · · · · · · · · · ·
<del>_</del>	

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The date of each amendment(s)	adoption:	, if other than the
	/21/2021	
Effective date if applicable:	(no more than 90 days after amendment file date)	<del></del>
Note: If the date inserted in this document's effective date on the I	block does not meet the applicable statutory filing requirements, this date w Department of State's records.	vill not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/were a action was not required.	dopted by the incorporators, or board of directors without shareholder action a	nd shareholder
☐ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
	pproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):	
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	20 TAL
by		FIL 2021 OCT 25 SECRETARY ALLAHASSE
	(voting group)	FI CT 2 FIAN HAS
10/21/202	21	SEE 25 LE
Dated	00110	FE P
Signature	JIMBU .	6: ( ORI
(By a select	director, president or other officer – if directors or officers have not been led, by an incorporator – if in the hands of a receiver, trustee, or other court need fiduciary by that fiduciary)	—————————————————————————————————————
	Fernanda Rivarola	
	(Typed or printed name of person signing)	
	Vice President	
	(Title of person signing)	<del></del>