

P21 0000043054

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

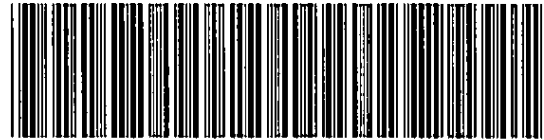
(Business Entity Name)

(Document Number)

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2022/12/14 PM 2:35

Amend

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: SELESTIAL SKIN & BODY, INC.

DOCUMENT NUMBER: P21000043054

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

Please return all correspondence concerning this matter to the following:

GLENDAL SANTIAGO

Name of Contact Person

SELESTIAL SKIN & BODY, INC.

Firm/ Company

11961 N. FLORIDA AVE, UNIT A

Address

TAMPA, FL 33612

City/ State and Zip Code

SELESTIALSKINANDBODY@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GLENDAL SANTIAGO

Name of Contact Person

at (813)

378-1184

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

☐ \$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)

Mailing Address

Amendment Section
Division of Corporations
P.O. Box 6327

Street Address

Amendment Section
Division of Corporations
The Centre of Tallahassee

2002 APR -14 PM 2:35

Articles of Amendment
to
Articles of Incorporation
of

SELESTIAL SKIN & BODY, INC.

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

P21000043054

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this **Florida Profit Corporation** adopts the following amendment(s) to its Articles of Incorporation:

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

The new

name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co." A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:

(Principal office address **MUST BE A STREET ADDRESS**)

C. Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent

(Florida street address)

New Registered Office Address:

_____, Florida _____
(City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

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

Check if applicable

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

E. If amending or adding additional Articles, enter change(s) here:
(Attach additional sheets, if necessary). (Be specific)

GLENDAL SANTIAGO WILL REMAIN PRESIDENT AND 100% OWNER FOR SELESTIAL SKIN & BODY, INC.

SEE ATTACHED AFFIDAVIT

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

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

EFFECTIVE IMMEDIATELY

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.

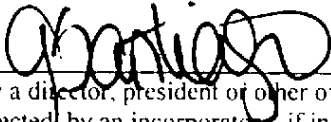
Adoption of Amendment(s) (CHECK ONE)

- ☒ 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 _____."
(voting group)

07/26/2022
Dated _____

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)

GLENDAL. SANTIAGO

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

Selestial Skin & Body, Inc.
11961 N. Florida Ave, Unit A
Tampa, FL 33612
Email: selestialskinandbody@gmail.com

AFFIDAVIT

July 26, 2022

Aracelli D. Sanchez
8509 N. Hamner Ave
Tampa, FL 33604

RE: Articles of Amendment

Dear Aracelli:

On or about May 5, 2021, when Selestial Skin & Body, Inc. was first opened, your position was to be a head partner of the company aside me. This position consisted in administrating day to day business sales and activities and unfortunately, they have not been fulfilled. It is with regret I inform you that you will be removed from the Articles of Incorporation effective immediately. Please attest to the following in agreement to reasoning:

AS My name is Aracelli Sanchez

AS I am over the age of 18 as of today.

AS I am in agreement to be removed from the Articles of Incorporation and business related to Selestial Skin & Body, Inc.

AS I am fully aware that Glenda L. Santiago will have 100% full ownership of Selestial Skin & Body, Inc.

Aracelli Sanchez
Aracelli D. Sanchez

STATE OF FLORIDA
IN AND FOR HILLSBOROUGH COUNTY

Sworn to and subscribed before me by means of ☒ physical presence or ☐ online notarization, this 26th day of July, 2022 by Aracelli Sanchez who is ☒ personally known to me or ☐ produced identification _____.



Jorge Consuegra
Signature of Notary Public, State of Florida
Printed Name of Notary Public

My Commission Expires: 01/11/2025