P210000 43626

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05/08/24--01023--004 **43.75



COVER LETTER

TO: Amendment Section

Division of Corporations NAME OF CORPORATION: GLAM HOUSE NAILS & SPA, INC DOCUMENT NUMBER: P21000043626 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: YESICA A PLAZA Name of Contact Person GLAM HOUSE NAILS & SPA, INC Firm/ Company 10260 MONTEGO BAY DR Address CUTLER BAY, FL 33189 City/ State and Zip Code yesicaalejandrajv@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (786) 444-0122
Area Code & Daytime Telephone Number YESICA A PLAZA Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: □\$43.75 Filing Fee & □\$52.50 Filing Fee **■**\$43.75 Filing Fee & □ \$35 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations **Division of Corporations** P.O. Box 6327 The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

Articles of Amendment to Articles of Incorporation of

FILED

GLAM HOUSE NAILS & SPA, INC		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
(Name of Corporation	as currently filed with	the Florida Dept. of State)
P21000043626		39
(Documer	nt Number of Corporation	ı (if known)
Pursuant to the provisions of section 607,1006, Florida S its Articles of Incorporation:	tatutes, this Florida Prof	Tit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corp	poration:	
		The new
name must be distinguishable and contain the word "corp "Inc.," or Co.," or the designation "Corp," "Inc," o "chartered," "professional association," or the abbrevio	or "Co". A professione	r "incorporated" or the abbreviation "Corp.,"
B. Enter new principal office address, if applicable:		
(Principal office address <u>MUST BE A STREET ADDR</u>	ESS)	
C. Enter new mailing address, if applicable:		
(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 of		da, enter the name of the
Name of New Registered Agent	 -	
Name of New Registered Agent		
	(Florida street address)	
	(
New Registered Office Address:	(City)	, Florida (Zip Code)
New Registered Agent's Signature, if changing Regist I hereby accept the appointment as registered agent. To	tered Agent:	ant the obligations of the position
t nevery accept the appointment as registered agent. The	an jammar wan and acce	print unigations by the position.
		_ _
Signatu	ire of New Registered Ag	ent, if changing
Check if applicable		
☐ The amendment(s) is/are being filed pursuant to s. 60	7.0120 (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.

X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	VP	MIGUEL A PLAZA	10260 MONTEGO BAY DR
Add			CUTLER BAY, FL 33189
X Remove			
2) Change	_		
Add			
Remove 3) Change		_	
Add			<u></u> .
Remove			
4) Change		-	
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
D.,,,,,,,,			

Mach additional charge if accomment	cles, enter change(s) here:		
Attach additional sheets, if necessary).	(De specific)		
 			
			
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If an amendment provides for an excl	ange, reclassification, or cancellation ndment if not contained in the amend	of issued shares,	
(if not applicable, indicate N/A)	nument if not contained in the amend	ment reserr	
••			
			
			_
·-			
			

	04/29/2024	
The date of each amendment(s) addate this document was signed.		, if other than the
04/2 Effective date <u>if applicable</u> :	9/2024	
	(no more than 90 days after amendment file	date)
Note: If the date inserted in this bedocument's effective date on the De	lock does not meet the applicable statutory filing require partment of State's records.	ements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were add action was not required.	pted by the incorporators, or board of directors without sl	nareholder action and shareholder
☐ The amendment(s) was/were add by the shareholders was/were su	pted by the shareholders. The number of votes east for the fficient for approval.	ne amendment(s)
	roved by the shareholders through voting groups. The fole each voting group entitled to vote separately on the amen	
	for the amendment(s) was/were sufficient for approval	
by	(voting group) ,"	
	(voting group)	
04/29/2024 Dated		
Signature	Ather.	
selecte	rector, president or other officer – if directors or officers l l, by an incorporator – if in the hands of a receiver, trusted ed fiduciary by that fiduciary)	
	PLAZA, YESICA A	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	