P210000 46014

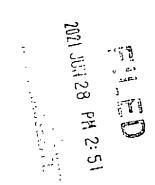
(Re	questor's Name)			
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PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Name)		
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JUL 2 3 2021 I ALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	ATION: MAILS CITY MO	BILE SALON, INC		
DOCUMENT NUMBI				
	f Amendment and fee are se	ibmitted for filing.		
Please return all corresp	ondence concerning this ma	atter to the following:		
٨	MAYBELYS LAPEIRA NO)A		
••		Name of Contact Person	n	
	Maybely	1 Lapuiu Finn/ Company		
-	•	Firm/ Company		
-	895 VIA PALMA			
Address LAKE WORTH, FL 33461				
_		City/ State and Zip Cod	8	
For further information	concerning this matter, plea			
MAYBELIS LAPEIRA NOA		at (932-5634 de & Daytime Telephone Number	
Name of Contact Person		Area Co	de & Daytime Telephone Number	
Enclosed is a check for	the following amount made	payable to the Florida Depa	irtment 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 Articles of Incorporation

By Man Son

P2100046014
(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

name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co", "chartered," "professional association," or the abbreviation "P.	A professional corporation name must contain the wa
B. Enter new principal office address, if applicable:	2895 VIA PALMA
(Principal office address MUST BE A STREET ADDRESS)	LAKE WORTH, FL 33461
C. Enter new mailing address, if applicable:	2895 VIA PALMA
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	LAKE WORTH, FL 33461
new registered agent and/or the new registered office address Name of New Registered Agent	<u></u>
(Florida	strevi address)
New Registered Office Address:	Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Age hereby accept the appointment as registered agent. I am familia	
Signature of New	Registered Agent, if changing

Check if applicable

☐ 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)

Example:

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 Due	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change			
Add			
Remove			 _
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	g additional Articles,	enter change(s) h	<u>iere</u> :		
(Attach additional shee	ets, if necessary). (Be	e specific)			
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		<u> </u>			
F. <u>If an amendment pro</u>	ovides for an exchange	e, reclassification,	or cancellation of i	ssued shares,	
provisions for imple	menting the amendm	ent if not contain-	ed in the amendme	nt itself:	
ң пот аррисавте	e, indicate N/A)				
					
				<u></u> _	
	<u></u>				

	06/01/2021	
The date of each amendment(s	adoption:	, if other than the
date this document was signed.		
0 Effective date if applicable:	5/01/2021	
Effective date <u>if applicable</u> :	(no more than 90 day	s after amendment file date)
Note: If the date inserted in thi document's effective date on the		statutory filing requirements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were action was not required.	idopted by the incorporators, or board	of directors without shareholder action and shareholder
☐ The amendment(s) was/were by the shareholders was/were		nber of votes cast for the amendment(s)
	approved by the shareholders through or each voting group entitled to vote.	voting groups. The following statement separately on the amendment(s):
"The number of votes c	ist for the amendment(s) was/were su	fficient for approval
by		
	(voting group)	· · · · · · · · · · · · · · · · · · ·
06/10/20 Dated	21	
Signature	Maybelys Lapina	
sele	director, president or other officer – ited, by an incorporator – if in the han inted fiduciary by that fiduciary)	ds of a receiver, trustee, or other court
	MAYBELIS LAPEIRA NOA	
	(Typed or printed name	of person signing)
	PRESIDENT	
	(Title of person signing)