P21000051032

(Re	questor's Name)	
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Special Instructions to	Eiling Officer	
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SECRETARY OF STATE

7/9/01

COVER LETTER

TO: Amendment Section Division of Corporations

AME OF CORPORATION: MIRACLE UNISEX NAILS SALON CORP OCUMENT NUMBER: P21000051032					
					The enclosed Articles of Amena
Please return all correspondence	concerning this ma	atter to the following:			
		DIEULA ALTIDOR			
	Name of Contact Person				
	MI	RACLE NAILS SALON	CORP		
	Firm/ Company				
	13038 NW 7TH AVE				
		Address			
		NORTH MIAMI, FL 33168			
		City/ State and Zip Cod	le		
		HB4TRADE@GMAIL.	СОМ		
E-ma	il address: (to be us	sed for luture annual repor	t notification)		
For further information concerni	ng this matter, pleas	se call:			
HERIN BOLIV	AR	(305	335-8681		
HERIN BOLIV Name of Contact		at (305 Area Co	335-8681 de & Daytime Telephone Number		
	Person	Area Co	de & Daytime Telephone Number		
Name of Contact Enclosed is a check for the follow \$35 Filing Fee □\$4	Person	Area Co	de & Daytime Telephone Number		

Articles of Amendment to Articles of Incorporation of

MIRACLE UNISEX NAILS SALON CORP

(Name of Corporation as currently	filed with the Florida Dept. of State)
P21000051	032
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
MIRACLE NAILS SALON	N CORP The new
name must be distinguishable and contain the word "corporation," "co "Inc.," or Co.," or the designation "Corp," "Inc," or "Co", A "chartered," "professional association," or the abbreviation "P.A."	ompany," or "incorporated" or the abbreviation "Corp.,"
B. Enter new principal office address, if applicable:	13038 NW 7TH AVE
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	NORTH MIAMI, FL 33168
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	13038 NW 7TH AVE 8
 	NORTH MIAMIL FL 3 HOS
	AHR I
D. If amending the registered agent and/or registered office addressenew registered agent and/or the new registered office addresse	ess in Florida, enter the name of the SSEE STAT
Name of New Registered Agent	3: 0: FLAT
The of the treatment of	- N
(Florida stree	et address)
New Registered Office Address:	, Florida
(1	City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent:	Selven Language de Little de la California
I hereby accept the appointment as registered agent. I am familiar wi	an and accept the obligations of the position.
Signature of New Rea	gistered Agent, if changing
	Same in Assure it considered
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	PT	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>	Address
1) X Change	P	DIEULA ALTIDOR	
Add			
Remove			
2) Change			
Add			
Remove 3) Range			
Add			
Remove			
4) Change			
Add			_
Remove			
5) Change			
Add			
Remove			
ο) Change			
Add			· · · · · · · · · · · · · · · · · · ·
Remove			

	adding additional A al sheets, if necessary	v). (Be specific	·)			
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The date of each amendment(s) add date this document was signed.	ption:	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendme)	st file date)
Note: If the date inserted in this blo document's effective date on the Dep	ck does not meet the applicable statutory filing rurtment of State's records.	equirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were adop action was not required.	ed by the incorporators, or board of directors with	out shareholder action and shareholder
The amendment(s) was/were adop by the shareholders was/were suff	ed by the shareholders. The number of votes cast icient for approval.	for the amendment(s)
☐ The amendment(s) was/were appromust be separately provided for ea	ved by the shareholders through voting groups. The voting group entitled to vote separately on the	he following statement amendment(s):
"The number of votes east fo	r the amendment(s) was/were sufficient for approv	ral
by		_,"
	(voting group)	-
Dated	06/03/2021	
Signature	allur)	
selected,	etor, president or other officer – if directors or officy an incorporator – if in the hands of a receiver, to fiduciary by that fiduciary)	cers have not been ustee, or other court
	DIEULA ALTIDOR	
	(Typed or printed name of person signing)
	PRESIDENT	
	(Title of person signing)	