## P21000057117

(Requesto	's Name)
(Address)	<del></del>
(Address)	
(City/State	/Zip/Phone #)
PICK-UP	WAIT MAIL
(Business	Entity Name)
(Document	t Number)
Certified Copies	Certificates of Status
Special Instructions to Filing C	Officer:

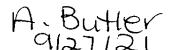




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## COVER LETTER

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: LGQD	on Beauty Bar Inc.
DOCUMENT NUMBER: P2100	
The enclosed Articles of Amendment and	fee are submitted for filing.
Please return all correspondence concernit	ng this matter to the following:
	Name of Contact Person
Lagun	Bouthy Box Inc.
	W Milver Dr Address  Lucie FL 34988  City/ State and Zip Code
	City/ State and Zip Code
totienude E-mail address	(to be used for future annual report notification)
For further information concerning this ma	atter, please call:
	at ()  Area Code & Daytime Telephone Number
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amo	unt made payable to the Florida Department of State:
\$35 Filing Fee \$343.75 Filing Certificate of	g Fee & Substitute Status   Status   Status   Status   Status   Certified Copy   Certificate of Status   Certified Copy   Certified Copy   Certified Copy   (Additional Copy   is enclosed)
Mailing Address Amendment Section Division of Corporation: P.O. Box 6327 Tailahassee, FL 32314	Street Address Amendment Section  Solution of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of



LAGION POCULTY BOX INC.	2021 SEP 13 AM 7: 23
(Name of Corporation as currently	filed with the Florida Dept. of State)
P21000057117	TIGHT OF STATE
(Document Number of C	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Fl</i> its Articles of Incorporation:	orida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corporation," "co." Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A mattered," "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:  Name of New Registered Agent	s in Florida, enter the name of the
(Florida stree	address)
· ·	,
New Registered Office Address:	Florida itv)
New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent. I am familiar with	h and accept the obligations of the position.  istered Agent, if changing
Signature of New Reg	istered 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)

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: <u>X</u> Change	<u>PT</u>	John Doe	
X Remove	$\underline{\mathbf{V}}$	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	Address
1) Change			
Add			
Remove			
2) Change			
Add			
Remove 3 ) Change			
Add			
Remove			
4) Change			
Add		Production and the second seco	
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	onal sheets, if nec	essary), (B	e specific)				
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		<del></del>			<del></del>		<del></del>
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			<del></del>				
		-				<b></b>	
		-		<u> </u>	_	-	
	ent provides for	an exchange	, reclassificati	on, or cancellati	on of issued sh	ares,	
<u>f an amendm</u>		the amendme	ent if not conta	ined in the ame	endment itself:	<del></del>	
f an amendm provisions fo	r implementing t						
provisions to	<u>r implementing t</u> plicable, indicate	N/A)		·			
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provisions to	r implementing t	N/A)					
<u>provisions to</u>	r implementing t	N/A)					

The date of each amendment(s) adoption: $2/10/91$	, if other than the
Effective date if applicable: 8 10 21 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 widocument's effective date on the Department of State's records.	II not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action an action was not required.	d shareholder
☐ 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 10th conce the (voting group)	
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)	
Tetremon Hyde (Typed or printed name of person signing)	
Owner, Incorporator (Title of person signing)	

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