

Electronic Filing Menu Corporate Filing Menu

Help

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: _____

DOCUMENT NUMBER: P21000071398

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

Please return all correspondence concerning this matter to the following:

CLEITON CARDOSO

Name of Contact Person

DOMINIUM CONSULTING SERVICES, LLC

Firm/ Company

6965 PIAZZA GRANDE AVE. UNIT 206

Address

ORLANDO-FL-32835

City/ State and Zip Code

SERVICES@DOMINIUMCS.COM

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

For further information concerning this matter, please call:

 CAMILA
 at (407)
 374-2329

 Name of Contact Person
 Area Code & Daytime Telephone Number

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

\$35 Filing Fee

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 Tallahassee, FL 32314 <u>Street Address</u> Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of	Amendment			
	to			
	Incorporation of	₽.		
TONYA BEAUTY ACADEMY, INC			821 (
(Name of Corporation as curren	ntly filed with the Florida Der	ot. of State)		
P21000071398	T	SSE	ž ≺ on	=
(Document Number	r of Corporation (if known)		PH	ц П
Pursuant to the provisions of section 607.1006. Florida Statutes, th its Articles of Incorporation:	is Florida Profit Corporation :	adopts the following and	ndment(s)	to
A. If amending name, enter the new name of the corporation:		-		
N/A		T 1	new	
 "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc." or word "chartered," "professional association," or the abbreviation B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>) C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>) 		ution name must contai	'n the 	
D. <u>If amending the registered agent and/or registered office ad</u> <u>new registered agent and/or the new registered office addre</u> <u>Name of New Registered Agent</u>	ldress in Florida, enter th <u>e na</u> 383:	me of the		
(Florida :	street address)			
<u>New Registered Office Address:</u>	(City)	Florida(<i>Zip Code</i>)		
New Registered Agent's Signature, if changing Registered Agen	<u>nt:</u>			

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

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	<u> 74</u>	John Doe	
<u>X</u> Remove	<u>v</u>	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
<u>Type of Action</u> (Check One)	Title	Name	Address
i) Change	V	Cileno Clovis Pereira Filho	7601 Toscana BLVĐ
X Add			Orlando, FL, 32819
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			······
Remove			
5) Change			
Add			
Remove			
δ) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here:

(Attach additional sheets, if necessary). (Be specific)

N/A

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 date this document was signed.	r than the
Effective date if applicable:	
Effective date if applicable:	-
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list document's effective date on the Department of State's records.	ed as the
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
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)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder	- 1-JU 1616
action was not required.	л / ^с
Dated	-
Signature	ī
(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)	
TONYA S PEREIRA	
(Typed or printed name of person signing)	
р	
(Title of person signing)	