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Fax Number : (305)362-8750	30	_	
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**			
Email Address:			
	Account Name : SANCHEZ AND SANCHEZ CORP Account Number : I20190000017 Phone : (305)362-8750 Fax Number : (305)362-8750 Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**	Account Number: I20190000017 Phone : (305)362-8750 Fax Number: (305)362-8750 Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**	Account Number: SANCHEZ AND SANCHEZ CONT Account Number: I20190000017 Phone : (305)362-8750 Fax Number: (305)362-8750 Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

COR AMND/RESTATE/CORRECT OR O/D RESIGN ANY BEAUTY INC

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H21000366,7813

COVER LETTER

TO: Amendment Section Division of Corporations				
ANY BEA	UTY INC			
NAME OF CORPORATION:	 			
DOCUMENT NUMBER: P21000080628				
The enclosed Articles of Amendment and f		d for filing.		
Please return all correspondence concerning	g this matter to	the following:		
ANIDEISY HERNA	ANDEZ CASTI	LLO		
	Na	me of Contact Person		
ANY BEAUTY INC	3			
		Firm/ Company		
2440 NW 24CT				
		Address		
MIAMI, FL 33142				
	Cir	y/ State and Zip Code		
anideisyc@gmail.co	om			
E-mail address	(to be used fo	r future annual report no	tification)	
For further information concerning this ma	atter, please cal	l:		
ANIDEISY HERNANDEZ CASTILLO		at (& Daytime Telephone Number	
Name of Contact Person		Area Codo	& Daytime Telephone Number	
Enclosed is a check for the following amount made payable to the Florida Department of State:				
■ \$35 Filing Fec □\$43.75 Filing Cortificate of	of Status (\$43.75 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		

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ANY BEAUTY INC					11		
(Name of Corp	poration as currently	filed with the Florida Dept	of State)	<u>;</u>		۴ ن	
P21000080628					214		
J)	Document Number of	Corporation (if known)					
Pursuant to the provisions of section 607.1006, Its Articles of Incorporation:	Plorida Statutes, this F	lorida Proflt Corporation &	lopts the fo	llowing amendn	nent(s) to	
A. If amending name, enter the new name of	the corporation:						
				The ne	אט		
name must be distinguishable and contain the wo	erd "cornoration " "co	omnany," or "incorporated"	or the abbi				
"Inc.," or Co.," or the designation "Corp," "chartered," "professional association," or the	"Inc," or "Co". A	professional corporation n	ame must	contain th e wo	rd		
B. Enter new principal office address, if appl	licable:				-		
(Principal office address MUST BE A STREE	<u>TADDRESS</u>)						
					•		
					-		
C. Enter new mailing address, if applicable;	•						
(Malling address MAY BE A POST OFFICE	CE BOX)				-		
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D. If amending the registered agent and/or r new registered agent and/or the new regis	egistered office address:	ess in Florida, enter the na	me of the				
Name of New Registered Agent		· · · · · · · · · · · · · · · · · · ·					
							
	(Florida stre	et address)					
New Registered Office Address:			_, Florida		_		
	(City)		(Zip Code)			
New Registered Agent's Signature, if changi-	ng Registered Agent:	ish and accent the obligation	ne of the no	rition			
I hereby accept the appointment as registered a	igeni. I am jamiliar w	ит ана ассері те оондано	as ny tine po	JIIION.			
	Signature of New Re	gistered Agent, if changing					
		B. T					
Check if applicable The amendment(s) is/are being filed pursuar	nt 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.

X Change	<u>PT</u>	John Doe	
X Remove	Y	Mike Iones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	_Title	Name	<u>Addres</u> s
1) Change	P	Anideysi Hernandez Castillo	2440 NW 24 Ct
Add			Miami, Fl 33142
X Remove			
2) Change	P	Anideisy Hernandez Castillo	2440 NW 24 CT
X Add			Miami, Pl 33142
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6)Change			
Add			
Remove			

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f amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
·	
If an amendment provides for 90 ex-	change, reclassification, or cancellation of issued shares,
provisions for implementing the am (if not applicable, indicate N/A)	nendment it not contained to the gotenament hatte.
(у пот аррисане, такае пол	

	September 20, 2021	, if other than the
The date of each amendmend date this document was signed	nt(s) adoption:	it outer that the
_	September 20, 2021	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in document's effective date on	this block does not meet the applicable statutory filing requirements, this date we the Department of State's records.	rill not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/w action was not required.	ere adopted by the incorporators, or board of directors without shareholder action a	nd shareholder
☐ The amendment(s) was/w by the shareholders was/v	were adopted by the shareholders. The number of votes cast for the amendment(s) were sufficient for approval.	
must be separately provi	recre approved by the shareholders through voting groups. The following statement ded for each voting group entitled to vote separately on the amendment(s): tes cast for the amendment(s) was/were sufficient for approval	2021 SEP 30 SECRETARY FALLAHASSE
by	(voling group)	FILED 21 SEP 30 A) CRETARY OF LAHASSEE, F
Scpt Dated	tember 20, 2021	es Fi
Signature	andyside.	9: 41 STATE ORIO,
,	(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)	
	Anideisy Hernandez Castillo	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	