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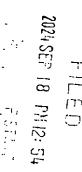
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#### **COVER LETTER**

Division of Corporations Dla Beauty Services Corp DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Beauty Services Corp NE 5th Terrace
Address Florida City IFL 33034 6 (a beauty haus @ gmail. Com For further information concerning this matter, please call: at (<u>305</u>) <u>849 - 9394</u> Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: 52.50 Filing Fee ☐ \$35 Filing Fee □\$43.75 Filing Fee & ☐\$43.75 Filing Fee & Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed)

#### **Mailing Address**

TO: Amendment Section

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**

O

	Articles of Inco	rporation		,~
	of	•	2021.	MERCH
LolaBeaute	1 Services	(0,0)	3.750	FILED 18 PHZ:5
(Name of Corpo	ration as currently	filed with the Florida D	ept. of State)	P//2.
P21000	3F02P0C	, 1	•	Fig. 5.
		Corporation (if known)		• • • • • • • • • • • • • • • • • • • •
Pursuant to the provisions of section 607,1006, Fluits Articles of Incorporation:	orida Statutes, this $F$	lorida Profit Corporation	adopts the following	amendment(s) to
A. If amending name, enter the new name of the	ae corporation:			
Lola Beau	Ly Haus	IOC	7	<i></i>
name must be distinguishable and contain the word "Inc.," or Co.," or the designation "Corp," "chartered," "professional association," or the a	Inc," or "Co". A	ompany," or "incorporate professional corporation	d" or the abbreviation name must contain	ne new "Corp.," the word
B. Enter new principal office address, if applie (Principal office address MUST BE A STREET.		NIA		
			<del></del>	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	(BOX)	NIA		
· · · · · · · · · · · · · · · · · · ·				
D. If amending the registered agent and/or reg		ess in Florida, enter the i	name of the	
new registered agent and/or the new registe	_			
Name of New Registered Agent N	<u>r</u>			
			<del></del>	
	(Florida stree	et address)		
New Registered Office Address:			Florida	<del></del>
	10	(ity)	(Zip Cod	(k)
New Registered Agent's Signature, if changing I hereby accept the appointment as registered age.	Registered Agent: nt I am familiar wi	ith and accept the obligat	ions of the position.	
			•	
		gistered Agent, if changin	<u>.                                    </u>	
	, , , , , , , , , , , , , , , , , , ,	, and a second processing the		
Check if applicable				

 $<sup>\</sup>Box$  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 Doc 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 Doc, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: XChange	<u>6.L</u>	John Doe	NA		
X Remove	$\underline{\mathbf{V}}$	Mike Jones			
X Add	<u>SV</u>	Sally Smith			
Type of Action (Check One)	<u>Title</u>	<u>Nam</u>	<u>e</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				<del></del>	
Remove					

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<u>i an amenamen</u>	t provides for an ex	<u>change, reclassific</u> pendment if not ec	ation, or cancella	Hon of issued shar	es,
provisions for it	cable, indicate N/A)	ichament il not co	mtamed in the an	iciament usen.	
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The date of each amendment(s) ad date this document was signed.	option: NA	, if other than the
Effective date <u>if applicable</u> : <u>N \}</u>	+	
. <u> </u>	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bl document's effective date on the De	ock does not meet the applicable statutory filing requirements, the partment of State's records.	is date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ado action was not required.	oted by the incorporators, or board of directors without shareholder	action and shareholder
☐ The amendment(s) was/were ado by the shareholders was/were suf	oted by the shareholders. The number of votes cast for the amendal ficient for approval.	nent(s)
	roved by the shareholders through voting groups. The following storach voting group entitled to vote separately on the amendment(s);	
"The number of votes cast t	or the amendment(s) was/were sufficient for approval	
by	(voting group)	
Dated 9/10	0/2024	
selected	rector, president or other officer – if directors or officers have not b, by an incorporator – if in the hands of a receiver, trustee, or other ed fiduciary by that fiduciary)	
-	Ovestes Manzueta (Typed or printed name of person signing)	
-	(Title of person signing)	

## **COVER LETTER**

**TO**: Amendment Section Division of Corporations

name of corporation: LD/a Beauty Services Cox document number: P21000096078	· · · ·
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Name of Contact Person  Lala Beauty Services Corp  Firth/Company  LOINE 5th Terrace  Address  Florida City IFL 33031  City/State and Zip Code  E-mail address: (to be used for future annual report notification)	J. Com
For further information concerning this matter, please call:	
Ovestes Manzveta at (305) 849-0  Name of Contact Person Area Code & Daytime Tel	1396
Enclosed is a check for the following amount made payable to the Florida Department of State:	epnone Number
S35 Filing Fee  Certificate of Status  Certified Copy (Additional copy is enclosed)  S43.75 Filing Fee & S52.50 Filing Fee & Certified Copy (Additional Copy is enclosed)	Status
Mailing Address Amendment Section  Street Address Amendment Section	

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

# Articles of Amendment

At tieles of		
	to ncorporation	2021 1/1
	of	*45E0 (E)
1 DIOD and Continu	· · · · · · ·	18 2
LO la Beauty Service	of Corp	a Bant of States
P2100009603	<u>nay inea waa ale rioria</u> ∖°	a Dept. of State)
	······································	(21).
(Document Number	of Corporation (if knowr	,
rsuant to the provisions of section 607.1006, Florida Statutes, thi Articles of Incorporation:	is Florida Profit Corpora	tion adopts the following amendment
If amending name, enter the new name of the corporation:		
Lola Reauty Has	C TOC	
me musi be distinguishable and contain the word "corporation,"	"company " or "incorpor	The new
nc.," or Co.," or the designation "Corp," "Inc," or "Co".	A professional corpora	tion name must contain the word
hartered," "professional association," or the abbreviation "P.A		
Enter new principal office address, if applicable:	NIA	
incipal office address <u>MUST BE A STREET ADDRESS</u> )		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	NIA	
	, ,	
	<del></del> -	
If amending the registered agent and/or registered office ad	drace in Florida, onton t	ha manna af Ab
new registered agent and/or the new registered office addre	ss:	ne name or the
Name of New Registered Agent NIA		
Name of New Registered Agent 1911		
	<u> </u>	
(Florida s	street address)	
New Registered Office Address:		, Florida
	(City)	(Zip Code)
<b>B</b> 1		
w Registered Agent's Signature, if changing Registered Agentereby accept the appointment as registered agent. I am familial	nt: e with and course the -E:	autions of the position
vo, woospe the appointment as registered agent. I am jamuta	wan and accept the obit	ganons of the position.

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)

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	NA	
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>.</u>	<u>Addres</u> s
l) Change				<u></u>
Add				
Remove				
2) Change				
Add				
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4) Change				
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5) Change		<del>-</del> -		
Add				
Remove				
6) Change		_		
Add				
Remove				

(Attach additional sheets, if necessary). (Be specific)	
NA	
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f 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)	
NA	
	_
	_

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The date of each amendment(s) adoption: MA	, if other than the
Effective date if applicable: NA	
(no more than 90 days after amendment file date)	<del></del> -
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date wildocument's effective date on the Department of State's records.	l 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 and action was not required.	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	
(voting group)	
Dated 9/10/2024	
Signature Orestes Manueto At.	
(By a director, president or other officer – if directors or officers have not been	<del></del>
selected, by an incorporator - if in the hands of a receiver, trustee, or other court	
appointed fiduciary by that fiduciary)	
Crestes Manzueta	
(Typed or printed name of person signing)	
President	
(Title of person signing)	
( - · · · · · · · · · · · · · · · · · ·	