Flor da Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000243034 3)))



H230002430343ABCV

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

Tc:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : FASIKIT CORP Account Number : I20100000009 Phone : (305)599-0839

Fax Number : (305)592-9591

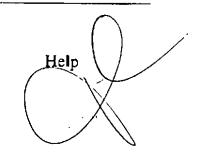
\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:\_

COR AMND/RESTATE/CORRECT OR O/D RESIGN LAVISH LASHES BY LAYLANI INC.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$35.00

Electronic Filing Menu Corporate Filing Menu



1.1

## Articles of Amendment to Articles of Incorporation of

## LAVISH LASHES BY LAYLANI INC

LAVIS	H CASHES BT LA	YEANI INC.			
(Name of Corporati	ion as currently file	d with the Florida Dep	or of State)		
	P22000004196				
(Docur	neni Number of Cor	poration (if known)			<del></del>
Pursuant to the provisions of section 607.1006, Floridits Articles of Incorporation:	a Statutes, this <i>Plori</i>	da Profit Corporation a	dopts the following	ig acrendmer	1t(3) to
A. If amending name, enter the new name of the co	orporation:				
LAVISH BEAUTY BY LAYLANI INC				7	
name must be distinguishable and contain the word "co "inc.," or Co.," or the designation "Corp." "Inc. "chartered," "professional association," or the abbre	" or "Co". A pro	iny," or "incorporated" fessional corporation r	or the abbreviation on the original or the original original or the original origina	_The new on "Erp" in the word	
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADI			<u></u>		=== ; ,;
The state of the s			<u></u>		أأفأر
				مـــ ن	
0 7	_		:		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	(X)			σ	
D. If amending the registered agent and/or register new registered agent and/or the new registered.		Florida, enter the nar	me of the		
Name of New Registered Agent					
	(Florida street add	(ress)			
New Registered Office Address:			. Florida		
Testing of the state of the sta	(Cirji)		, Fronda	Codej	
New Registered Agent's Signature, if changing Regi I hereby accept the appointment as registered agent.		d accept the obligation,	s of the position.		
, , , ,	,	<b>a</b>			
Pi-	- CAL - D	.31 . 27.1		,	
Signa	uure oj New Register	ed 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:

X Change	PI	lohn Doe	
$\underline{X}$ Remove	¥	Mike Jones	
X Add	<u>\$v</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address 2023 JUL
1) Change			
Add			
Remove			
2) Change			AFI 9: 56
Add			σ 
Remove 3) Change			
Add			
Remove			
4) Charge			
Add			
Remove			
5)Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Article (Attach additional sheets, if necessary).	(Be specific)	
	, ,,,	
***************************************		<del></del>
		~
	_	2023
		الال -:
	· · · · · · · · · · · · · · · · · · ·	<del>-</del>
		· · · · · · · · · · · · · · · · · · ·
		· · · · · · · · · · · · · · · · · · ·
f an amendment provides for an excha	ange, reclassification, or cancellation of issued shares.	
(if not applicable, indicate N/A)	ndment if not contained in the amendment itself:	
(9 11-1		
		•

The date of each amendment(s) adoption:	_, if other than the
date this document was signed.	_, it outer than the
Effective date if applicable:	
(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 will a document's effective date on the Department of State's records.	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 sleetion was not required.	hareholder
☐ The amendment(s) was/were adopted by the shareholders. The number of votes east for the amendment(s) by the shareholders was/were sufficient for approval.	£= 2023 JI
☐ 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	M 9:5
(voting group)	. 56
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)	
LAYLANI AGUILAR  (Typed or printed name of person signing)	<del></del>
PRESIDENT	
(Title of person signing)	