P22000021555

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
,
Wrong turm
Office Use Only



000385971830

04/20/22--01014--009 **43.75

2022 JUN 21 AM 7: 56

A. BUTLER
JUN 23 2022

COVER LETTER

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

SUBJECT: Pur	e Nails Lounge (DOPPORATE NAME	
Enclosed are an orig	ginal and one (1) copy of the re	stated articles of incorpor	ation and a check fo
□ \$35.00 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	■ \$43.75 Filing Fee & Certified Copy ADDITIONAL CO	☐ \$52.50 Filing Fee, Certified Copy & Certificate of Status DPY REQUIRED
FROM:	Ricky Nguyen		
3	770 Reflection D	ock Dr Address	
<u>s</u>	effner, FL 33584	, State & Zip	
8	13-357-9898	Felephone number	
rio	cknguyenrealty@	•	

NOTE: Please provide the original and one copy of the document.

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

Articles of Amendment to Articles of Incorporation of

FILED

Pure Nails Lounge Corp

(Name of Corporation as currently filed with the 222000021555 (Document Number of Corporation of Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit its Articles of Incorporation: A. If amending name, enter the new name of the corporation:	GEORETALLY OF STATE (if known) TALLAHASSEE, FL
arsuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit</i> Articles of Incorporation:	
Articles of Incorporation:	Corporation adopts the following amendment(
If amending name, enter the new name of the corporation:	
me must be distinguishable and contain the word "corporation," "company," or 'nc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional chartered," "professional association," or the abbreviation "P.A."	
Enter new principal office address, if applicable:	
rincipal office address <u>MUST BE A STREET ADDRESS</u>)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
If amending the registered agent and/or registered office address in Florida	a, enter the name of the
new registered agent and/or the new registered office address:	
Name of New Registered Agent Van Tran	
(Florida street address)	
New Registered Office Address:	, Florida
(City)	(Lip Code)

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)

Example:

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>	<u>John Do</u>	c	
X Remove	<u>v</u>	Mike Jo	nes	
_X Add	<u>sv</u>	Salty Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u> V		Name Van Tran	Address 3770 Reflection Dock dr. Setfiner, FL 33584
Change xAdd		<u></u>		
Remove				
2) Change		_		
Add				
Remove Change		_		
Add				
Remove				
4) Change		_	 	
Add				
Remove				
5) Change		_		
Add				
Remove				
6)Change		_		
Add				
Remove				

Attach additional sheets, if necessor	ary). (Be specific)				
	· · · · - · · -				
	· ···	· · · · · · · · · · · · · · · · · · ·			
	·				
	_	· · · · · · · · · · · · · · · · · · ·			
					
		-			
f an amendment provides for ar	exchange, reclassifi	ication, or cancel	lation of issued s	hares.	
provisions for implementing the	amendment if not o	ontained in the a	mendment itself	<u></u>	
(if not applicable, indicate N	<u>(A)</u>			_	
.,					
				•	
			, 		

.

The date of each amendment(s) a date this document was signed.	doption:	, if other than the
Effective date if applicable:		
<u> </u>	(no more than 90 days after amendment file	e date)
Note: If the date inserted in this bedocument's effective date on the De	plock does not meet the applicable statutory filing require partment of State's records.	ements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were addaction was not required.	opted by the incorporators, or board of directors without s	hareholder action and shareholder
☐ The amendment(s) was/were add by the shareholders was/were so	opted by the shareholders. The number of votes cast for the inflicient for approval.	he amendment(s)
	proved by the shareholders through voting groups. The for each voting group entitled to vote separately on the amer	
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
6/15/2022		
Dated		
<i>,</i> •	X/	
Signature //		····
	irector, president or other officer - if directors or officers	
	d, by an incorporator – if in the hands of a receiver, truste	e, or other court
арропі	ted fiduciary by that fiduciary) Ricky Nguyen	
	Tracky English	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	

RECEIVED

2022 JUN 21 PM 12: 19

Letter Number: 622A00012704

FLORIDA DEPARTMENT OF STATE Division of Corporations TALLAMA FL

June 7, 2022

RICKY NGUYEN 3770 REFLECTION DOCK DR SEFFNER, FL 33584

SUBJECT: PURE NAILS LOUNGE CORP

Ref. Number: P22000021555

We have received your document for PURE NAILS LOUNGE CORP and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

YOU HAVE THE INCORRECT FORM. YOU CAN USE A FLORIDA PROFIT AMENDMENT FORM.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Anissa Butler Regulatory Specialist II