## 722000060278

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## **COVER LETTER**

TO: Amendment Section Division of Corporations NAME OF CORPORATION: T AND L BEAUTY SUPPLY INC DOCUMENT NUMBER: P22000066278 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: LORETTA ARSLAN Name of Contact Person T & L BEAUTY SUPPLY INC Firm/ Company 1455 S CONGRESS AVE Address DELRAY BEACH, FL 33445 City/ State and Zip Code lisaeugene93@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: LORETTA ARSLAN at (954 ) 864-0144

Area Code & Daytime Telephone Number Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: S35 Filing Fee ☐\$43.75 Filing Fee & □\$43.75 Filing Fee & ☐\$52.50 Filing Fee Certificate of Status

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enclosed)

(Additional copy is

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

Certificate of Status

Certified Copy

(Additional Copy is enclosed)

## Articles of Amendment Articles of Incorporation

	O	f		
T & L BEAUTY SUPPLY INC				
(Name o	of Corporation as curren	tly filed with the Florida	Dept. of State)	
P22000066278				
	(Document Number	of Corporation (if known	)	
Pursuant to the provisions of section 607, ts Articles of Incorporation:	1006, Florida Statutes, this	s Florida Profit Corporat	tion adopts the following am	endment(s) to
A. If amending name, enter the new na	ame of the corporation:			
LUXE BEAUTY SUPPLY INC			Th.	new
name must be distinguishable and contain "Inc.," or Co.," or the designation "C "chartered," "professional association,"	Corp, " "Inc, " or "Co".	A professional corporal	ated" or the abbreviation "C	Torp.,"
B. Enter new principal office address, (Principal office address <u>MUST BE A S</u>	if applicable:	N/A	,	<del></del>
2. Enter new mailing address, if appli (Mailing address <u>MAY BE A POST</u> of				
If amending the registered agent an new registered agent and/or the new registered agent ag			ne name of the	
Name of New Registered Agent				
		trect address)	<del></del>	
New Registered Office Address:			. Florida	
reason spice and the	<del></del>	(City)	(Zip Code)	

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

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)

Add

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	PT	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	Title	Name // A	Address
1) Change		_ N/ /-	
Add		,	
Remove 2) Change			
Add			
Remove 3) Change		<u> </u>	
Add			
Remove			
4) Change			
Add			
Remove		-	
5) Change			
Add			
Remove		-	
6) Change		<del>-</del>	

	ing or adding additional Article ditional sheets, if necessary). (A	s, enter change(s) ne Be specific)	<u> </u>		
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nrovicio	ndment provides for an exchanges for implementing the amenda	<u>ze, reciassification, o</u> nant if not contained	r cancellation of issued	I snares,	
(if no	ot applicable, indicate N/A)	Bent if hot comanico	in the amendment has	<u>.11.</u>	
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	02/21/2023	
The date of each amendment(s) adopti date this document was signed.	on:	, if other than the
Effortive data if and took to		
Effective date <u>if applicable</u> :	tno more than 90 days after amendment file	date)
Note: If the date inserted in this block document's effective date on the Depart	does not meet the applicable statutory filing requirement of State's records.	ments, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopted action was not required.	by the incorporators, or board of directors without sh	areholder action and shareholder
☐ The amendment(s) was/were adopted by the shareholders was/were sufficient	by the shareholders. The number of votes east for the ent for approval.	e amendment(s)
☐ The amendment(s) was/were approve must be separately provided for each	d by the shareholders through voting groups. The fol voting group entitled to vote separately on the amen	lowing statement dment(s):
"The number of votes cast for the	ie amendment(s) was/were sufficient for approval	
by		
	(voting group)	
02/21/2023 Dated		
Dated		
Signature		
selected, by	or, president or other officer – if directors or officers han incorporator – if in the hands of a receiver, trustee duciary by that fiduciary)	ave not been , or other court
LOR	ETTA ARSLAN	
<del></del>	(Typed or printed name of person signing)	
	(Title of person signing)	