P22000072400

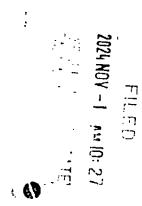
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	ORATION: LISBETH PRAZU	ELA HAIR & BEAUTY C	ORP		
DOCUMENT NUM	IBER: P22000072400				
	es of Amendment and fee are su	bmitted for filing.			
Please return all cor	respondence concerning this ma	tter to the following:			
	CYNTHIA ALVAREZ				
		Name of Contact Person	1		
	C & A FINANCIAL PLANN	NING & BUSINESS CONSULTING LLC			
		Firm/ Company			
	8301 NW 107th Ct UNIT 8				
		Address			
	DORAL, FL 33178				
		City/ State and Zip Cod	2		
cagbusinessconsulting@gmail.com					
		sed for future annual report	notification)		
	`	·			
For further informat	ion concerning this matter, pleas	se call:			
CYNTHIA ALVAF	REZ	786 at (812-1103		
Nam	e of Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check	for the following amount made	payable to the Florida Depa	artment of State:		
■ \$35 Filing Fee	S43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
A: D P.	niling Address mendment Section ivision of Corporations O. Box 6327 allahassee, FL 32314	Amend Divisio The Co	Address ment Section in of Corporations entre of Tallahassee N. Monroe Street, Suite 810		

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

LISRETH PRAZUELA HAIR & R	CRETI	119	SBETH	PRAZHEL	A HAIR	A REALITY	CORP
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(Name of Corporation as curren	tly filed with the Florida Dept. of State)
222000072400	
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this is Articles of Incorporation:	s Florida Profit Corporation adopts the following amendments
. If amending name, enter the new name of the corporation:	
	The new
ame must be distinguishable and contain the word "corporation," Inc.," or Co.," or the designation "Corp." "Inc," or "Co". chartered," "professional association." or the abbreviation "P.A.	A professional corporation name must contain the word
3. Enter new principal office address, if applicable:	11118 NW 67TH ST
Principal office address <u>MUST BE A STREET ADDRESS</u>)	DORAL, FL 33178
	<u> </u>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	11118 NW 67TH ST
	DORAL, FL 33178
 If amending the registered agent and/or registered office ad- new registered agent and/or the new registered office address 	
	0
Name of New Registered Agent	
(Florida s	ireet address)
New Registered Office Address:	, Florida
in the state of th	(City) (Zip Code)
n David and City of City of the City of th	
ew Registered Agent's Signature, if changing Registered Agen hereby accept the appointment as registered agent. I am familiar	n. with and accept the obligations of the position.
Signature of View	Registered Agent, if changing
Signature of New	negalered agent, if changing
heck 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>	John Do	<u>oe</u>	
X Remove	<u>V</u>	Mike Jo	ones	
X Add	<u>sv</u>	Sally Sr	nith	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	Address
1) X Change	Р	_	PRAZUELA, LISBETH	11118 NW 67TH ST
Add				DORAL, FL 33178
Remove				
2) Change		_		
Add				
Remove 3) Change		_		
Add				
Remove				····
4) Change		_		
Add				
Remove				
5) Change				
Add				
Remove				
6) Change		_		
Add				
Remove				

ittach <i>additio</i>	r adding additional Arti nal sheets, if necessary).	(Be specific)			
					
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an amenan	ent provides for an exch r implementing the ame	ange, reciassification	n, or cancenation of	nent itself:	
tif not an	plicable, indicate N/A)	adment if nor contar	ned in the uniting	Henr Asen.	
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The date of each amendment(s) a	doption:	, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the D	plock does not meet the applicable statutory filing requirements, this datepartment of State's records.	te will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ad action was not required.	opted by the incorporators, or board of directors without shareholder action	on and shareholder
☐ The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes cast for the amendment(sufficient for approval.	5)
	proved by the shareholders through voting groups. The following statemer each voting group entitled to vote separately on the amendment(s):	ent
"The number of votes cas	for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
10/18/2024		
Dated	<u> </u>	
a. 1	Jeth Parricla l	
Signature <u>Al</u>	lirector, president or other officer – if directors or officers have not been	
selecte	d, by an incorporator – if in the hands of a receiver, trustee, or other cour	t
appoir	ited fiduciary by that fiduciary)	
	LISBETH PRAZUELA	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	 _