P220000083509

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2022 NOV 21 AN 6: 14.1

FEB 1 4

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPO	RATION: DULCE SALON A	AND SPA INC		
	BER: P22000083509			
The enclosed Articles	s of Amendment and fee are su	bmitted for filing.		
Please return all corre	espondence concerning this ma	tter to the following:		
	ELINA LOPEZ			
	Name of Contact Person			
	Firm/ Company			
	3901 NW 79 AVE. #236			
	Address			
	DORAL, FL 33166			
		City/ State and Zip Code	2	
	ATHQ101@GMAIL.COM			
	E-mail address: (to be us	sed for future annual report	notification)	
For further information	on concerning this matter, pleas	se call:		
ELINA LOPEZ		at (283-4870	
Name	of Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check f	or the following amount made	payable to the Florida Depa	ortment of State:	
■ \$35 Filing Fee	\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
An Div P.C	niling Address hendment Section vision of Corporations D. Box 6327 lahassee, FL 32314	Amend Divisio The Co 2415 N	Address Iment Section In of Corporations Centre of Tallahassee N. Monroe Street, Suite 810 Sessee, FL 32303	

Articles of Amendment to Articles of Incorporation of

DULCE SALON AND SPA INC

(Name)	of Corporation as currently	filed with the Florida Dept. of State)		
· -	or Corporation as currenty	med with the Florida Dept. of State)	Έ.	1022 KU
P22000083509				
	(Document Number of	Corporation (if known)	7.7	ŗ
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this a	Florida Profit Corporation adopts the follo	wing amen	dmen
A. If amending name, enter the new n	ame of the corporation:		.0	
				new
	Corp," "Inc," or "Co". A	ompany," or "incorporated" or the abbrevi professional corporation name must con		
B. Enter new principal office address,		N/A		
(Principal office address <u>MUST BE A S</u>	TREET ADDRESS)			_
				_
C. Enter new mailing address, if appl (Mailing address MAY BE A POST		N/A		
,, <u> </u>				_
				_
D. If amending the registered agent ar				
new registered agent and/or the ne	w registered office address:			
Name of New Registered Agent	N/A		. 	
	(Florida stre	et address)		
	N/A			
New Registered Office Address:		, Florida	2:- (-
		(City)	Zip Code)	
Now Designate and Amena?a Signature if a	hanning Dagistanad Agant.			
New Registered Agent's Signature, if c I hereby accept the appointment as regist		ith and accept the obligations of the position	on.	
, , , , ,	,			
	Signature of New Re	gistered Agent, if changing		
C1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
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	<u>PT</u>	John Doe	
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>Addres</u> s
1) Change	VP	ELINA LOPEZ	3901 NW 79 AVE. #236
X Add			DORAL, FL 33166
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Arti (Attach additional sheets, if necessary).	icles, enter change((Be specific)	s) here:		
N/A .				
		-		
		<u></u>		
			<u> </u>	
				
		-		
		- -		
F. If an amendment provides for an exc provisions for implementing the ame	hange, reclassificat	ion, or cancellation	of issued shares,	
(if not applicable, indicate N/A)	enginent it not com	ameu in the ameu	ament usen.	
N/A				
	<u> </u>			
		···		·

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The date of each amendment(s) a date this document was signed.	doption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bedocument's effective date on the De	block does not meet the applicable statutory filing requirements, this date will epartment of State's records.	I not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were add action was not required.	opted by the incorporators, or board of directors without shareholder action and	l shareholder
■ The amendment(s) was/were add by the shareholders was/were st	opted by the shareholders. The number of votes cast for the amendment(s) ifficient for approval.	
	proved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	7022 HOY 21 AN 69 M. MILLOW SEEL HI OF ILL
"The number of votes cast	for the amendment(s) was/were sufficient for approval	09/2
by	······································	
	(voting group)	
11/07/2022 Dated		6: 1.7 6: 1.7
Signature <u>£</u>	lina lopez	
selecte	irector, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary)	
	ELINA LOPEZ	
	(Typed or printed name of person signing)	
	VICE PRESIDENT	
	(Title of person signing)	 _