P22000092382

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: Tuscan Way Salon	Inc			
	BER: P22000092382				
	of Amendment and fee are sub	omitted for filing.			
Please return all corre	spondence concerning this mat	ter to the following:			
	Nhung Le				
		Name of Contact Person			
	Tuscan Way Salon Inc				
		Firm/ Company			
	52 Tuscan Way Ste 209	, ,			
	Address				
	C. Augustina El. 32002	, , , , , , , , , , , , , , , , , , , ,			
	St Augustine FL 32092	City/ State and Zip Code			
		City/ State and Zip Code	•		
	E-mail address: (to be us	sed for future annual report	notification)		
For further information	on concerning this matter, pleas	se call:			
Nhung Le		at (904) 940-7778 de & Daytime Telephone Number		
Name	of Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check f	or the following amount made	payable to the Florida Depo	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)		
An Di P.C	niling Address mendment Section vision of Corporations D. Box 6327 Ilahassee, FL 32314	Amenc Divisio The C	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810		

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

of Till the state of

			7
(<u>Name o</u>	Corporation as currently fil	ed with the Florida.Dept.	of State) ANT 17 PM 1: 01
	(Document Number of Co	rporation (if known)	
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this <i>Flor</i>	rida Profit Corporation ado	pts the following amendment(s) to
A. If amending name, enter the new na	me of the corporation:		
			The new
name must he distinguishable and contain "Inc" or Co" or the designation "C "chartered," "professional association,"	'orp," "Inc," or "Co". A pr	pany," or "incorporated" o ofessional corporation nai	r the abbreviation "Corp.," ne must contain the word
B. Enter new principal office address,			
(Principal office address MUST BE A S	TREET ADDRESS)		
	-		
C. Enter new mailing address, if appli (Mailing address MAY BE A POST of			
D. If amending the registered agent an new registered agent and/or the new	d/or registered office address v registered office address:	in Florida, enter the nam	e of the
Name of New Registered Agent	Tin Ho		
	(Florida street	address)	
New Registered Office Address:	52 Tuscan Way Ste 209 St Au	<u> </u>	Florida 32092
	(Cit	ty)	(Zip Code)
New Registered Agent's Signature, if e I hereby accept the appointment as regist	ered agent. I am familiar with	and accept the obligations	of the position.
Check if applicable	· //		

The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), 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.

X Change	PT	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	Р	Tinh Ho	52 Tuscan Way #209
Add			St Augustine, FL 32092
xxx Remove			•-
.2) Change	P	Tin Ho	52 Tuscan Way #209
xxx Add			St Augustine, FL 32092
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			***
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach <i>additio</i>	r adding additional A nal sheets, if necessary). (Be specific)	<u> </u>		
				•	
					
	 .				
f an amendr	ent provides for an ex	change, reclassifica	ition, or cancellati	on of issued shares.	
provisions fo	r implementing the ar	nendment if not cor	tained in the ame	ndment itself:	
(if not ap	plicable, indicate N/A)				
	· · · · · · · · · · · · · · · · · · ·				

The date of each amendment(s) adoptote-this document was signed.	otion: 01-01-2023	, if other than the
Effective date if applicable: 01-01-	2023	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bloc document's effective date on the Depa	k does not meet the applicable statutory filing requirements, this date runent of State's records.	will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were adopted action was not required.	ed by the incorporators, or board of directors without shareholder action	and shareholder
☐ The amendment(s) was/were adopt by the shareholders was/were suffi	ed by the shareholders. The number of votes cast for the amendment(s) cient for approval.	
	ved by the shareholders through voting groups. The following statement ch 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	(voting group)	
	(voung group)	
selected, l	etor, president or other officer – if directors or officers have not been by an ineofporator – if in the hands of a receiver, trustee, or other court fiduciary by that fiduciary)	
N	hung Le	
	(Typed or printed name of person signing)	
D	rector	
	(Title of person signing)	