P23000029450

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COVER LETTER

, TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: VITA GLOW BEA	JTY CORP		
	ER: P23000029450			
The enclosed Articles of	of Amendment and fee are sub	mitted for filing.		
Please return all corres	pondence concerning this mate	er to the following:		
	JOCELI DOS REIS GIUSEPO	NE		
•	Name of Contact Person			
	VITA GLOW BEAUTY CORP			
		Firm/ Company		
	300 SUNNY BLVD UNIT 23			
	Address			
	SUNNY ISLES BEACH, FL.	33160		
	· · · · · ·	City/ State and Zip Code		
	vitaglambeauty@gmail.com			
	E-mail address: (to be us	ed for future annual report notification)		
For further informatio	n concerning this matter, pleas			
Name of Contact Person		at (813) 557-1294 Area Code & Daytime Telepl	none Number	
		payable to the Florida Department of State:		
S35 Filing Fee	S43.75 Filing Fee & Certificate of Status	☐ \$43.75 Filing Fee & ☐ \$52.50 Filing Fee & Certified Copy (Additional copy is enclosed) ☐ \$ (Additional Copy is enclosed)	atus	
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		

Articles of Amendment to Articles of Incorporation of

	2023 100 20 24 0
(Name of Corporation as current	tly filed with the Florida Dept. of State)
223000029450	<u> </u>
(Document Number of	of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, this Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corporation:	
VITA GLAM BEAUTY CORP	The new
name 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
B. Enter new principal office address, if applicable:	N/A
Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	N/A
D. If amending the registered agent and/or registered office ad-	dress in Florida, enter the name of the
new registered agent and/or the new registered office address	<u>55.</u>
N/A	
Name of New Registered Agent N/A	
Name of New Registered Agent N/A	
Name of New Registered Agent	street address)
Name of New Registered Agent	street address), Florida (City) (Zip Code)

Check if applicable

 $[\]Box$ 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: <u>X</u> 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)	Title	<u>Name</u>	Address
1) Change			
Add			
Remove			
2) Change			<u> </u>
Add			
Remove 3.1 Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change		<u> </u>	
Add			
Remove			
6) Change			
Add			
Remove			

. If amending or (Attach additional	il sheets, if nece.	ssary). (Be spe	ecific)	···········		
/A						
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. If an amendme	ent provides for	an exchange, r	<u>eclassification,</u> Lif not contain	<u>or cancellation</u> ed in the amend	of issued snares. ment itself:	1
(if not app	licable, indicate	? N/A)	11 11 10 10 10 10 10 10 10 10 10 10 10 1			
N/A						
				_		
						
		<u> </u>	-		<u> </u>	
						

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The date of each amendment(s) ac	loption:	, 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 b document's effective date on the De	lock does not meet the applicable statutory filing require	
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were add action was not required.	opted by the incorporators, or board of directors without sl	nareholder action and shareholder
☐ The amendment(s) was/were add by the shareholders was/were so	opted by the shareholders. The number of votes east for the fificient for approval.	se amendment(s)
☐ The amendment(s) was/were app must be separately provided for	proved by the shareholders through voting groups. The for each voting group entitled to vote separately on the amer	llowing statement idment(s):
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
11/17/2023 Dated		
Signature	irector, president or other officer – if directors or officers	
selecte	irector, president or other officer – if directors or officers d, by an incorporator – if in the hands of a receiver, truste ted fiduciary by that fiduciary)	have not been e, or other court
	JOCELI DOS REIS GIUSEPONE	eppl
	(Typed or printed name of person signing)	
	AUTHORIZED MEMBER	
	(Title of person signing)	