## P23000074764

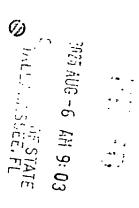
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## COVER LETTER '

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	ORATION: SAPPHIRE BEAU	JTY CREATIONS CORP.	
	IBER: P23000074764		
	s of Amendment and fee are su	ibmitted for filing.	
Please return all corre	espondence concerning this ma	itter to the following:	
	SIURI A. LUGO		
		Name of Contact Persor	)
	SAPPHIRE BEAUTY CREATIONS CORP.		
		Firm/ Company	
	4755 CYPRESS GARDENS LOOP, UNIT 5107		
	Address		
	FORT MYERS, FL 33966		
		City/ State and Zip Code	
	INFO@ACCOUNTANTCA	PECORAL.COM	
	E-mail address: (to be us	sed for future annual report	notification)
For further information	on concerning this matter, pleas	se call:	
SIURI A. LUGO		239 at (	826-1373 Lie & 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 Depa	artment of State;
S35 Filing Fee	■\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
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



		UI .	
SAPPHIRE BEAUTY CREATIONS CO	RP.		1025 AUG -6 AH 9: 03
(Name o	f Corporation as curre	ntly filed with the Florid	a Dept. of State)
P23000074764			TINEL
	(Document Numbe	r of Corporation (if known	
Pursuant to the provisions of section 607. ts Articles of Incorporation:	1006. Florida Statutes, th	ais <i>Florida Profit Corpora</i>	tion adopts the following amendmen
a. If amending name, enter the new na	me of the corporation:		
ame must be distinguishable and contain	the word "cornoration"	"Company" or "incorpo	TheTheThe
'Inc.," or Co.," or the designation "C chartered," "professional association,"	orp," "Inc," or "Co".	A professional corpora	tion name must contain the word
3. Enter new principal office address, i	f annlicable:	4755 CYPRESS GARDENS LOOP,	
Principal office address MUST BE A ST		UNIT 5107	
		FORT MYERS, FL 33966	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		4755 CYPRESS GARDENS LOOP,	
		UNIT 5107	
		FORT MYERS, FL 33966	
D. If amending the registered agent and new registered agent and/or the new Name of New Registered Agent	d/or registered office ac registered office addre	ddress in Florida, enter tl	he name of the
	4755 CYPRESS GARD	ENS LOOP, UNIT 5107	
		street address)	
	FORT MYERS		Florida
New Registered Office Address:		(City)	

Signature of New Registered Agent, if changing

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 Doc	
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) X Change	P	SIURI A. LUGO	4755 CYPRESS GARDENS LOOI
Add			UNIT 5107
Remove			FORT MYERS, FL 33966
2) Change			
Add			
Remove 3 ) Change		_	
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			<u> </u>
Add			
Damasa			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)
CHANGE PRINCIPAL, MAILING, REGISTERED, AND PRESIDENT ADDRESS.
<del></del>
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,
<u>provisions for implementing the amendment if not contained in the amendment itself:</u>
(if not applicable, indicate N/A)

• • •	07/28/2025		
The date of each amendment(s) date this document was signed.	adoption:		, if other than the
07.	/28/2025		
Effective date <u>if applicable</u> :	(na more tha	n 90 days after amendment fi	la data)
	(no more inc	n 50 aays after amenament ja	e uaie)
<b>Note:</b> If the date inserted in this document's effective date on the E	block does not meet the ap Department of State's record	plicable statutory filing requi s.	rements, this date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )		
The amendment(s) was/were action was not required.	lopted by the incorporators,	or board of directors without	shareholder action and shareholder
☐ The amendment(s) was/were ac by the shareholders was/were s	dopted by the shareholders, sufficient for approval,	The number of votes cast for	the amendment(s)
☐ The amendment(s) was/were apmust be separately provided for			
"The number of votes cas	t for the amendment(s) was	were sufficient for approval	
by SIURI A. LUGO		,,	
	(voting group)	•	
07/28/202 Dated	5		
Signature			
(By a select	director, president or other of ed, by an incorporator – if in nted fiduciary by that fiducia	officer – if directors or officers to the hands of a receiver, trust ary)	s have not been ee, or other court
	SIURI A. LUGO		
	(Typed or print	ed name of person signing)	-
	PRESIDENT		
	(Title of person	signing)	2025 AUG -6 AH 9: 03 SE JESTATE DITALE