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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	TION: Heaven Beauty &	Spa Inc.		
DOCUMENT NUMBER				
	Amendment and fee are su	bmitted for filing.		
Please return all correspo	ndence concerning this ma	tter to the following:		
TF	IAM N TRAN			
		Name of Contact Persor	1	
_	TEAVEN BEAUTY & SPA INC			
_	-	Firm/ Company		
10	993 COLONIAL BLVD			
		Address		
FT	MYERS, FL 33913			
		City/ State and Zip Code	2	
	الموصدة والمراجع	Inlie o all com		
	E-mail address: (to be us	104a amoul con sed for future annual report	notification)	
For further information o	oncerning this matter, pleas	se call:		
Tram Tran		at (²³⁹	269-4874	
Name of 0	Contact Person	Area Coo	de & Daytime Telephone Number	
Enclosed is a check for th	ne following amount made	payable to the Florida Depa	artment of State:	
■ \$35 Filing Fce	□\$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		Amend Divisio The Co	Address ment Section n of Corporations entre of Tallahassee J. Monroe Street, Suite 810	

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

HEAVEN BEAUTY & SPA INC.

(Name of Corporation as curr	ently filed with the Florida Dept. of State)
P23000085480	
(Document Numb	er of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, tits Articles of Incorporation:	this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation	<u>ı:</u>
	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 professional corporation name must contain the word
B. Enter new principal office address, if applicable:	to the transfer of the transf
(Principal office address MUST BE A STREET ADDRESS)	- w F
	<u> </u>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	30
D. If amending the registered agent and/or registered office :	
new registered agent and/or the new registered office add	ress:
Name of New Registered Agent	
(Florid	la street address)
New Registered Office Address:	, Florida (City) (Zip Code)
New Registered Agent's Signature, if changing Registered Ag I hereby accept the appointment as registered agent. I am famil	<u>rent:</u> liar with and accept the obligations of the position.
Signature of Ne	ew 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)	Title	Name	Address
1) Change	P	TRAN, TRAM N	10993 COLONIAL BLVD
Add			FT. MYERS FL 33913
X Remove			
2) Change			
Add			10002 COLONIAL DI VID
X Remove 3) Change	VP	ARNEVIK, PHUONG N	10993 COLONIAL BLVD
Add			FT. MYERS 33913
Remove			
4) Change			-
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary).	(Be specific)
 	· · · · · · · · · · · · · · · · · · ·
····	
an amendment provides for an exch	hange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	endment if not contained in the amendment itself:
	• •

· · .

		AUGUST 29, 202	4		
The date of each a date this document		idoption:	 		, if other than th
Effective date if an		GUST 29, 2024			
Enective date <u>ir ap</u>	pircable.	(no more than	90 days after amendment	file date)	
		block does not meet the app epartment of State's records.		juirements, this date will n	ot be listed as th
Adoption of Amen	dment(s)	(<u>CHECK ONE</u>)			
The amendment		opted by the incorporators, o	or board of directors withou	ut shareholder action and sl	nareholder
		opted by the shareholders. Tufficient for approval.	The number of votes cast for	or the amendment(s)	
	•	proved by the shareholders t reach voting group entitled t		-	
"The numb	er of votes cas	t for the amendment(s) was/v	were sufficient for approva	1	
by		(voting group)		**	
		(voting group)			
D	ated Og	12912024			
S	gnature	m			
	(By a c	director, president or other of ed, by an incorporator – if in ited fiduciary by that fiduciar	the hands of a receiver, tru		•
		TRAM	TRAN ed name of person signing)		
		(Typed or printe	ed name of person signing)		
		Pasic	dent		
		(Title of person	signing)		