From: ELSY OLIVAR



Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : VORAUS S&O LLC Account Number : 120220000166

Fax Number

Phone : (321)732-2022 : (407)577-3447

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

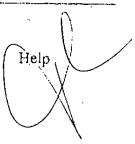
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COR AMND/RESTATE/CORRECT OR O/D RESIGN MACAIS STETIC GLAM INC

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Corporate Filing Menu



COVER LETTER

| TO: Amendment S Division of Co | | |
|-----------------------------------|---|--|
| NAME OF CORP | ORATION; MACAIS STETI | C GLAM INC |
| | MBER: P24000000382 | |
| The enclosed Articl | es of Amendment and fee are s | ubmitted for filing. |
| Please return all cor | respondence concerning this m | atter to the following: |
| | PEREZ REVEROL, MARII | ELA C |
| | | Name of Contact Person |
| | MACAIS STETIC GLAM I | NC |
| | - , | Firm/ Company |
| • | 14460 WOODFIELD CIR N | |
| | | Address |
| | JACKSONVILLE, FL 3225 | |
| | | City/ State and Zip Code |
| | voraussyo@ginail.com | sed for future annual report notification) |
| | E-mail address; (to be u | sed for future annual report notification) |
| | | ~) |
| For further informati | on concerning this matter, plea | se call: |
| Elsy C Olivar | | 321 7322022 |
| Name | of Contact Person | Area Code & Daytime Telephone Number |
| | | Area Code & Daytime Telephone Number |
| ructosed is a check i | or the tottowing amount made | payable to the Florida Department of State: |
| S35 Filing Fee | □\$43.75 Filing Fee & Certificate of Status | S43.75 Filing Fee & S52.50 Filing Fee Certified Copy Certificate of Status (Additional copy is enclosed) (Additional Copy is enclosed) |
| An Div Div P.C | illing Address lendment Section rision of Corporations b. Box 6327 lahassee, FL 32314 | Street Address Amendment Section Division of Corporations The Centre of Tailahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 |

MACAIS STETIC GLAM INC

Articles of Amendment to Articles of Incorporation of

| (Name of Corporation as curr | ently filed with the Florid | a Dept. of State) | <u></u> |
|---|--|---|---------------|
| P2400000382 | · | | |
| (Document Numb | per of Corporation (if known | 1) | |
| Pursuant to the provisions of section 607.1006, Florida Statutes, its Articles of Incorporation: | this <i>Florida Profit Corpora</i> | tion adopts the following am | endment(s) to |
| A. If amending name, enter the new name of the corporation | <u>u</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. | 4 minipherianal commune | rated" or the abbreviation."C tion name must contain the | |
| B. Enter new principal office address, if applicable: | | | 702 |
| Principal office address MUST BE A STREET ADDRESS | | | |
| | | | N . ** |
| 0 m | The state of the s | - | <u> </u> |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | | | |
| | , | , | ب س |
| | - | 1 | |
| | | | |
| If amending the registered agent and/or registered office a new registered agent and/or the new registered office addr | iddress in Florida, enter th | e name of the | |
| • | 1.51. | | • |
| Name of New Registered Agent | *** | | |
| (Fla.: J | street address) | ······································ | |
| | i sireet anaress) | | |
| New Registered Office Address: | (Ciny) | , Florida | |
| | · · · | (Zip Code) | |
| | • | | |
| ew Registered Agent's Signature, if changing Registered Age | ent: | | |
| hereby accept the appointment as registered agent. I am familia | ar with and accept the oblig | ations of the position. | |
| | | • | |
| | | | |
| Signature of Nev | v Registered Agent, if chang | eing | |
| heck if applicable | . J | | |
| acen ii obinicadic | | | |

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 hold. President, Treasurer, Director would be PTD.

Changes should he 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 | BL | John Doe | |
|-------------------------------|-----------|--|------------------------|
| X Remove | <u>v</u> | Mike Jones | |
| <u>X</u> Add | <u>sv</u> | Sally Smith | |
| Type of Action (Check One) | Title | Name | Address |
| 1) $\frac{X}{}$ Change | PT | MARIELA C PEREZ REVEROL | 14460 WOODFIELD CIR N |
| Add | | | JACKSONVILLE, FL 32258 |
| Remove | | | |
| 2) Change | | | |
| Add | | • • | 27 |
| Remove Change | | | 2024 JUI |
| Add | | | - 27 37 |
| Remove | • | | |
| 4) Change | | 11 11 11 11 11 11 11 11 11 11 11 11 11 | Φ |
| Ādd | | | 3 |
| Remove | | | |
| Change | | | |
| Add | | • | |
| Remove | | | |
| Change | | | |
| Add | • | | |
| Remove | | • | |

| If amending or adding additional Articles, enter change(s) here: Attach additional sheets, if necessary). (Be specific) EED ADD IN ARTICLE III ABOUT PUPOSE FOR WIHCH THIS CORPORATION IS ORGAI | Vizen ie. | |
|---|--------------|---------------------------------------|
| THETIC ANY AND ALL LAWFULL BUSINESS. | NIZED IS: | ····· |
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| | • | |
| f an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: | • | |
| (if not applicable, indicase N/A) | , . | |
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| The date of each amendment(s) addathis document was signed. | <i>i</i> , | | , if other than | the |
|--|---|-------------------------------|---------------------------------|-------------|
| Effective date if applicable: | 18/2024 | | · | |
| | (no more than 90 days a | ster amendment file date) | , | |
| Note: If the date inserted in this h document's effective date on the De | lock does not meet the applicable stapartment of State's records. | autory filing requirements, | this date will not be listed as | the |
| Adoption of Amendment(s) | (CHECK ONE) | | | |
| ☐ The amendment(s) was/were ado action was not required. | pted by the incorporators, or board of | directors without sharehold | er action and shareholder | |
| The amendment(s) was/were ado by the shareholders was/were su | pted by the shareholders. The number | r of votes east for the amend | iment(s) | |
| must be separately provided for | roved by the shareholders through vo- each voting group entitled to vote sep for the amendment(s) was were suffic | arately on the amendment(s |). 4 JUL 25 | 7 |
| | (voting group) | | | 변 |
| Dated | liel2024 Horielo C Perez | ` <u>.</u> | ်မှ ပို သ | المينة ا |
| selected | rector, president or other officer – if d l, by an incorporator – if in the hands edifiduciary by that fiduciary) | irectors or officers have not | been a court | |
| | Harrela ch | brez. | | |
| | (Typed or printed name of | person signing) | | |
| | | | | |
| · , | Pt | | | |