## P240000656

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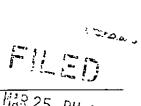


## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	ATION: SERENITY NAIL	S SPA BY CLA INC				
DOCUMENT NUMB	P240000006056					
The enclosed Articles	of Amendment and fee are su	bmitted for filing.				
Please return all corres	pondence concerning this ma	tter to the following:				
	VAN TONG					
•	Name of Contact Person					
	SERENITY NAILS SPA BY	CLA INC				
•		Firm/ Company				
	6216 US HWY 98N					
		Address				
	LAKELAND, FL 33809					
		City/ State and Zip Cod	e			
	NGTHACH0602@GMAIL.G	СОМ				
	E-mail address: (to be us	sed for future annual report	notification)			
For further information	concerning this matter, pleas	se call:				
CHRISTON NGUYE	N	at (	4182446			
Name (	f Contact Person	Area Co	ode & Daytime Telephone Number			
Enclosed is a check fo	the following amount made	payable to the Florida Dep	artment of State:			
S35 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)			
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



## SERENITY NAILS SPA BY CLA INC

		B - 65/88/1415 -
	ion as currently filed with the Florid	ia Dept. of State HITAR 25 PH
P2400006056	33333	
(Docur	ment Number of Corporation (if know	n)
Pursuant to the provisions of section 607,1006, Florid ts Articles of Incorporation:	a Statutes, this Florida Profit Corpora	ution adopts the following amendment
A. If amending name, enter the new name of the c	orporation:	
		The new
name must be distinguishable and contain the word "c 'Inc.," or Co.," or the designation "Corp," "Inc, 'chartered," "professional association," or the abbre	" or "Co". A professional corpora	rated" or the abbreviation "Corp., ' ution name must contain the word
3. Enter new principal office address, if applicable	e:	
Principal office address <u>MUST BE A STREET AD</u> I		-
		-
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u></u>	
). If amending the registered agent and/or registe	red office address in Florida, enter t	the name of the
new registered agent and/or the new registered		
Name of New Registered Agent		
	(Florida street address)	
New Registered Office Address:	(City)	, Florida
	, <i>,</i>	· · · · · · · · · · · · · · · · · · ·
New Registered Agent's Signature, if changing Reg	gistered Agent:	
hereby accept the appointment as registered agent.		igations of the position.
<del></del>		
Sign	nature of New Registered Agent, if chai	uknik

Check if applicable

 $\square$  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,

X Change	<u>PT</u>	John Do	<u>»c</u>	
X Remove	<u>V</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) Change	VP		CHRISTON NGUYEN	6216 US HWY 98N
X Add				LAKELAND, FL 33809
Remove				
2) Change		_		
Add				
Remove 3) Change		_		
Add				
Remove				
4) Change		_	<del> </del>	
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		_		
Add	·			
Remove				

Attach ac	dditional shee	g additional z ets, if necessar	y). (Be spe	cific)	<u></u> ,			
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<u>provisio</u>	endment pro ons for imple	vides for an e menting the a	<u>xchange, rec</u> mendment i	<u>lassification,</u> f not contain	<u>or cancellati</u> ed in the ame	<u>on of issued s</u> endment itsel	<u>shares.</u> f:	
(if n	ot applicable	, indicate N/A)	)				_	
				_				
							•	
		<u> </u>						

The date of each amendment	(s) adoption:	, if other than the
date this document was signed		
Effective date <u>if applicable</u> :	03/12/2024	
riective date ii appicanie.	(no more than 90 days after amendment file date)	
	his block does not meet the applicable statutory filing requirements, this date whe Department of State's records.	will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/wer action was not required.	re adopted by the incorporators, or board of directors without shareholder action a	and shareholder
☐ The amendment(s) was/wer by the shareholders was/we	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.	
	re approved by the shareholders through voting groups. The following statement of for each voting group entitled to vote separately on the amendment(s):	
"The number of votes	east for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(ming group)	
03/12	/2024	
Dated		
C:*		
Signature(B	y a director, president or other officer – if directors or officers have not been	<del></del>
se	elected, by an incorporator – if in the hands of a receiver, trustee, or other court oppointed fiduciary by that fiduciary)	
	CHRISTON NGUYEN	
	(Typed or printed name of person signing)	
	VICE PRESIDENT	
	(Title of person signing)	