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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: BRAZILIAN WAN	(ING BY SISTERS VII IN	IC		
DOCUMENT NUMI					
	of Amendment and fee are sul	bmitted for filing.			
Please return all corre	spondence concerning this ma	tter to the following:			
	GISELA FREDEZ				
		Name of Contact Person	1		
	YOUR OASIS INC				
		Firm' Company			
	2083 N POWERLINE RD SU	JITE 2			
		Address			
	POMPANO BEACH FL 330	69			
		City/ State and Zip Cod	e		
	GISELA@YOUROASISINC.COM				
	E-mail address: (to be us	sed for future annual report	notification)		
For further informatio	n concerning this matter, pleas	se call:	235-3232		
Name of Contact Person		at (at Co	de & Daytime Telephone Number		
	or the following amount made				
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Am Div P.O	iling Address endment Section ision of Corporations . Box 6327 ahassee, FL 32314	Amend Division The C 2415 i	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303		

Articles of Amendment Articles of Incorporation of

BRAZILIAN WAXING BY SISTERS VII INC	2 C S 1747
(Name of Corporation 2	as currently filed with the Floaden Dens. of State) 8: 55
P24000033341	A
{Document	t Number of Corporation (if known) I. Transcript STATE
	atutes, this Florida Profit Corporation adopts the following amendment(s
A. If amending name, enter the new name of the corpo	oration:
	The new
	oration," "company," or "incorporated" or the abbreviation "Corp.," r="Co". A professional corporation name must contain the word tion "P.A."
B. Enter new principal office address, if applicable:	
(Principal office address MUST BE A STREET ADDRE	<u> </u>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
(Mailing dualess MAT BE AT OST OTTTEE BOA)	·
D. If amending the registered agent and/or registered new registered agent and/or the new registered offi	
new registered agent and/or the new registered on	ice address.
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	, Florida
New Registerea Office Address:	(City) (Zip Code)
	·
New Registered Agent's Signature, if changing Registe	ered Agent:
I hereby accept the appointment as registered agent. I ar	m familiar with and accept the obligations of the position.
<u> </u>	CAT Description 12 description
Signatui	re of New Registered Agent, if changing
Check if applicable	
☐ The amendment(s) is/are being filed pursuant to s. 607	7.0120 (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)

Example:

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> <u>Jo</u>	ohn Doe	
X Remove	<u>V</u> <u>M</u>	like Jones	
X Add	<u>SV</u> Sa	ally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	VP	MARIANI SANTOS REGO BARROS	5851 HOLMBERG RD APT 3611
Add			PARKLAND, FL 33067
X Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If 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, indicate N/A)	f amending or adding additional Articles Attach additional sheets, if necessary). (I	Be specific)
provisions for implementing the amendment if not contained in the amendment itself:		
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(if not applicable, indicate N/A)	provisions for implementing the amend	ment if not contained in the amendment itself:
	(if not applicable, indicate N/A)	
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	toption:	, 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 bedocument's effective date on the De	lock does not meet the applicable statutory filing requirement partment of State's records.	s, this date will not be listed as the
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 shareho	older action and shareholder
■ The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the am officient for approval.	endment(s)
	proved by the shareholders through voting groups. The followin each voting group entitled to vote separately on the amendmen	
"The number of votes east	for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
09/24/2024		
Dated		
Signature Kri	la M christian.	
(By a d	irector, president or other officer - if directors or officers have	
	d. by an incorporator – if in the hands of a receiver, trustee, or of ted fiduciary by that fiduciary)	other court
uppen.	KEILA M CHRISTIAN	
		
	(Typed or printed name of person signing)	
	VP	
	(Title of person signing)	