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COVER LETTER

TO: Amendment Section

Division of Corporations	ς Τ
NAME OF CORPORATION: De La Pado O O DOCUMENT NUMBER: P24000	az Cosmetology Services In
The enclosed Articles of Amendment and fee are sul	bmitted for filing.
Please return all correspondence concerning this ma-	
Dayam: De la Paz (Name of Contact Person Cosmetology Services Inc Firm/Company
(270 5	34th 5t
	Address
Miami	Fl 33155
	City/ State and Zip Code
-	@ hot mail . Com sed for future annual report notification)
For further information concerning this matter, pleas	se call:
Dayami de la Paz Name of Contact Person	ar(786) 757 6852
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made	payable to the Florida Department of State:
S \$35 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)
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

Articles of Incorporation (Name of Corporation as currently filed with the Florida Dept. of State) (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.." "Inc.," or Co.," or the designation "Corp." "Inc." or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) New Registered Office Address: New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

tered Agent, if changing

Check if applicable

X) 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 Doe	
X Remove	$\underline{\mathbf{v}}$	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
I) Change	PT <u>P</u>	Dayami de la Pa	12 6370 SW 34th S Miami FL 33155
Add Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change		_	
Add			· · · · · · · · · · · · · · · · · · ·
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			.
Remove			

	ding or adding additional dditional sheets, if necesso	iry). (Be spec	ific)			
		 -			-	
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	P					•
				<u> </u>		
						
<u>if an am</u>	endment provides for an	exchange, recl	assification, or	cancellation of i	ssued shares,	
provisio (if i	ons for implementing the not applicable, indicate N	<u>: amendment it</u> (4)	not contained i	n the amendmei	nt itseji:	
19.	· · · · · · · · · · · · · · · · · · ·	,				
		-			· · · · · · · · · · · · · · · · · · ·	
						
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The date of each amendment(s) ac date this document was signed.	loption:		, if other than the
Effective date if applicable:	October 2, 2, 100 more than 90 days after	024	·
	(no more than 90 days after	amendment file date)	
Note: If the date inserted in this bl document's effective date on the De	ock does not meet the applicable statuto partment of State's records.	ory filing requirements, this	date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)		
The amendment(s) was/were ado action was not required.	pted by the incorporators, or board of dire	ectors without shareholder a	action and shareholder
☐ The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of fficient for approval.	votes cast for the amendme	ent(s)
	roved by the shareholders through voting each voting group entitled to vote separa		ement
"The number of votes cast	for the amendment(s) was/were sufficient	t for approval	
by Dayas	mi de la Paz (voting group)	·"	FILED 2024 OCT -8 PH 12:
J	(voung group))CT
10	12/2021		HASSEE.
DatedLU_	12/2024		E P
Signature	Dm/		
selected	rector/president or other officer – if directly by an incorporator – if in the hands of a ed fiduciary by that fiduciary)		en 音音 · · · · · · · · · · · · · · · · · ·
	(Typed or printed name of per	de la Paz rson signing)	
		at Ticasurer	and Director

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