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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF COR	PORATION:	UTY SALON		
	J MBER : P00000101425			
The enclosed Artic	cles of Amendment and fee are sul	bmitted for filing.		
Please return all co	orrespondence concerning this ma	tter to the following:		
	SANDRA PICHARDO			
	 -	Name of Contact Person	1	
	GERMANI'S BEAUTY SAL	ON		
		Firm/ Company		
	3535 NW 17TH AVENUE			
	-	Address		
	MIAMI, FLORIDA 33142			
		City/ State and Zip Code	e	
	E-mail address: (to be us	ed for future annual report	notification)	
For further inform	ation concerning this matter, pleas	e call:		
SANDRA PICHA	RDO	at (⁷⁸⁶	_) 290-5809	
Name of Contact Person		Area Code & Daytime Telephone Number		
Enclosed is a chec	k for the following amount made p	payable to the Florida Depa	artment of State:	
S35 Filing Fee	• S43.75 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 Street Address

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

N.B

Articles of Amendment to Articles of Incorporation of

(<u>Name</u>	of Corporation as curren	tly filed with the Florida Dept. of State)		
GERMANI'S BEAUTY SALON CC	orp.	260000 in 1425		
	(Document Number	of Corporation (if known)		
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, thi	s Florida Profit Corporation adopts the fol	llowing amend	ment(s) to
A. If amending name, enter the new n	ame of the corporation:			
			The n	
	Corp, " "Inc," or "Co".	"company," or "incorporated" or the abbr A professional corporation name must o		
B. Enter new principal office address,				
(Principal office address <u>MUST BE A S</u>	TREET ADDRESS)		20	
				- <u>.</u> _
C. Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST				<u>.</u>
			برئ دري	_
			<u>்</u>	_
D. If amending the registered agent ar new registered agent and/or the ne	id/or registered office address	dress in Florida, enter the name of the		
Name of New Registered Agent	SANDRA PICHARDO			
	1343 NW 37TH STREET	•		
	(Florida s	treet address)		
New Registered Office Address:	MIAMI	, Florida ³³	142	
		(City)	(Zip Code)	_
N 10 10 10 10 10 10 10 10 10 10 10 10 10				
New Registered Agent's Signature, if e I hereby accept the appointment as regist	hanging Registered Agen tered agent. I am familiar	<u>tt:</u> with and accept the obligations of the posi	ition.	N.B
x St	Signature of New	Registered Agent, if changing		
	1			

Check if applicable

 \Box 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	PT John	n Doe	•
X Remove	<u>V</u> <u>Mik</u>	<u>se Jones</u>	
X Add	<u>SV</u> <u>Sall</u>	y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	PRES	NANCY BAHR	905 BRICKELL BAY DR #431
Add			MIAMI, FLORIDA 33131
X Remove 2) Change	PRES	SANDRA PICHARDO	1343 NW 37TH STREET
★ Add			MIAMI, FLORIDA 33142
Remove 3) Change			·
Add			
Remove 4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			N.B
Remove			

amending or adding additional Arti ttach additional sheets, if necessary).	(Be specific)
an amendment provides for an excha	ange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	ndment if not contained in the amendment itself:

·	

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		1 1	
The date of each amendment(s) adopt date this document was signed.	ion:	11/20	if other than the
Effective date if applicable:	<u> </u>	11/20.	
	(no more than 9)	0 days after amendment fit	le date)
Note: If the date inserted in this block document's effective date on the Departs	does not meet the applic nent of State's records.	able statutory filing requi	rements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)		
The amendment(s) was/were adopted action was not required.	by the incorporators, or b	poard of directors without	shareholder action and shareholder
The amendment(s) was/were adopted by the shareholders was/were sufficient	by the shareholders. The	number of votes cast for	the amendment(s)
☐ The amendment(s) was/were approve must be separately provided for each	d by the shareholders three voting group entitled to v	ough voting groups. The fo	ollowing statement indment(s):
"The number of votes east for the	ne amendment(s) was/wer	e sufficient for approval	
by	(voting group)	··································	
	(voting group)		
09/01/2020 Dated			
Signature / / /go-			
selectéd. Ky	r) president or other office an incorporator – if in the fuciary by that fiduciary)	er – if directors or officers hands of a receiver, trusto	have not been
NAN	ICY BAHR		
	(Typed or printed n	ame of person signing)	
X	PresiLer	it	
	(Title of person sign	ning)	-