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PICK-UP	☐ WAIT	MAIL
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(Bl	usiness Entity Name)
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Certified Copies	_ Certificates o	f Status
Special Instructions to	Filing Officer:	
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SECRETARY OF STATE
TALLAHASSEE FI DRINA

May 22/1

COVER LETTER

TO: Amendment Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations Del The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: For further information concerning this matter, please call: Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee \$43.75 Filing Fee & ■\$43.75 Filing Fee & \$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) **Mailing Address** Street Address Amendment Section **Amendment Section** Division of Corporations Division of Corporations

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

Articles of Amendment

to

Articles of Incorporation

"Drisas Del Mar Beauty Salow INC.							
(Name of Corporation as currently filed with the Florida Dept. of State)							
PØ7000055977							
(Document Number of Corporation (if known)							
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> 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:							
New Registered Office Address: (Florida street address)							
, Florida, (City) (Zip Code)							
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.							
Signature of New Registered Agent, if changing Page 1 of 3							
Page 1 of 3							

removed a	ng the Officers and/or Directors, en and title, name, and address of each ditional sheets, if necessary)	ter the title and name of each Officer and/or Director bein	n officer/director being ng added:
Title	<u>Name</u> Cecina R. Del	Address Vezade	Type of Action Add Remove
12	Agustin Tap	veza-	Add Remove
			Add Remove
(attach	additional sheets, if necessary). (Be	specific)	
provis	nmendment provides for an exchangions for implementing the amendment applicable, indicate N/A)	ent if not contained in the an	ation of issued shares, nendment itself:
			•
	•		

The date of each amendment	(s) adoption:	3	10/09		
Effective date if applicable:	(no more than 90 days a	-6	us Gla dasal		
	(no more than 90 days t	ijier amename.	пі діе ааге)		
Adoption of Amendment(s)	(CHECK O	NE)			
The amendment(s) was/we by the shareholders was/we			mber of votes ca	ast for the amendment(s)	
The amendment(s) was/we must be separately provide					
"The number of votes	cast for the amendment(s) was/were suf	fficient for appro	oval	
by	(voting group)		."		
The amendment(s) was/we action was not required.	re adopted by the board of	of directors wit	hout shareholde	r action and shareholder	
The amendment(s) was/we action was not required.	re adopted by the incorpo	orators without	shareholder act	ion and shareholder	
Dated_	3-10-09				
sele	a director, president or of acted, by an incorporator ointed fiduciary by that f	ther officer – i	if directors or of		
	<u>Cecilie</u> (Typed or p	rinted name of	De Qu f person signing	ezada	
(Title of person signing)					