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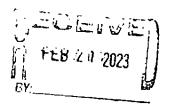
(Requestor's Name)	
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PICK-UP WAIT MAIL	
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Special Instructions to Filing Officer:	

Office Use Only



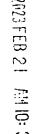
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S CHARLOAM

MAY - 6 2023



COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: EXOTIC	Hair Care	es /vc
DOCUMENT NUMB	er: <u> </u>	XX 980	
The enclosed Articles of	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	Evelun T	Netellus	
-		Name of Contact Person	1
-		Firm/ Company	
	10300 WG	25+. Fores	+ BIVD #270
-	Wellingto	Address ON J 3	3414
- -	7	City/State and Zip Code	,
Ĺ	Contact a bor E-mail address: (to be us	n begut, Ful sed for future annual report	hairloss foundation.com
For further information	concerning this matter, pleas	se call:	
EVELYA Name o	Metellus f Contact Person	at (56/ Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made		, .
S35 Filing Fee	S43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certificate of Status Certified Copy (Additional Copy is enclosed)
	ing Address		Address ment Section

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 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

Exotic HAIR Cares INC (Name of Corporation as current	
	ly filed with the Florida Dept. of State)
N1800006980	
(Document Number of	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corporation," " "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". "chartered," "projessional association," or the abbreviation "P.A.	company," or "incorporated" or the abbreviation "Corp.," A professional corporation name must contain the word
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	10300 Westforest Blud 270 Wellington, FL 33414
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	10300 WEST Forest BIND 270 WELLINGTON, FL 33414
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office address	ress in Florida, enter the name of the
Name of New Registered Agent	<u> </u>
	· · · · ·
(Florida st	reet address)
New Registered Office Address:	(City) , Florida , Ti
	(Silversia)
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familiar	$\frac{\text{tt}}{\text{with and accept the obligations of the position.}} \frac{3}{30}$
Signature of New P	Registered Agent, if changing
Check if applicable ☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11)	(c), 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 X Remove X Add	<u>PT</u> <u>V</u> <u>SV</u>	John Do Mike Jo Sally Si	ones		
Type of Action (Check One)	Title		<u>Name</u>	<u>Addres</u> s	
1) Change Add		_			
Remove					
2) Change Add					
Remove 3) Remove Add Remove					
4) Change Add		_		2023	
Remove 5) Change Add	-	_		22	
Remove 6) Change Add		_		10:30	7
(attach additional shee	ets, if nec	essary).	icles, enter change(s) here: (Be specific)		

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The date of each amendment(s) adoption	n:	, if othe	er than the
date this document was signed.			
Effective date if applicable:	(no more than 90 days after amendment file date)		
Note: If the date inserted in this block doe document's effective date on the Department	es not meet the applicable statutory filing requirements, this date will no ent of State's records.	t be listed	as the
Adoption of Amendment(s)	(CHECK ONE)		
☐ The amendment(s) was/were adopted was/were sufficient for approval.	by the members and the number of votes cast for the amendment(s)		

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

Dated

Signature

Velyn

(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Evelyn

(Typed or printed name of person signing)

Resident

(Title of person signing)