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CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): 1.	Sonstate Research Requester's Name Address City/State/Zip Phone #	5454	Office Use Only
1. (Corporation Name) (Document *) 2. (Corporation Name) (Document *) 4. (Corporation Name) (Document *) Walk in Pick up time Dehotocopy Certificate of Status NEW FILINGS AMENDMENTS Profit Resignation of R. A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger OTHER FILINGS REGISTRATION/OUALIFICATION Trademark Other Other	CORPORATION NAME(S) & DOCUM		•
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CR2E031(7/97)

Articles of Amendment to Articles of Incorporation

	Articles of Incorporation of	2010 JAN I ED
Decò Drive Hair Cor	poration	TALLAETA: " PH 3
	rently filed with the Florida Dept. (of State) ASSECTION 14
P01000050133		C. F. O. A. E.
(Document Nu	mber 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:

iume musi comain me nora charierea, p	ne aesignation Corp, Inc, or C rofessional association," or the abbre	o". A professional corpora eviation "P.A."
B. <u>Enter new principal office address, if a</u> Principal office address <u>MUST BE A STRE</u>		
		
C. Enter new mailing address, if applicab	le:	
(Mailing address <u>MAY BE A POST OF</u>		
. If amending the registered agent and/or	registered office address in Florida	, enter the name of the
	registered office address in Florida	, enter the name of the
D. If amending the registered agent and/or	registered office address in Florida	, enter the name of the
). If amending the registered agent and/or new registered agent and/or the new re	registered office address in Florida	
o. If amending the registered agent and/or new registered agent and/or the new re	registered office address in Florida gistered office address: Nat Naccarato	
D. If amending the registered agent and/or new registered agent and/or the new registered agent: Name of New Registered Agent:	registered office address in Florida gistered office address: Nat Naccarato 10711 S W 104 Str	

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)

<u>Title</u>	. <u>Name</u> .	Address	Type of Action
PTS	Abdalla Mohamed	890 N W 115 Avenue Plantation Florida 33325	_ □ Add _ ☑ Remove
	***************************************		_
			_
	ding or adding additional Articles, en additional sheets, if necessary). (Be sp		
<u>provisi</u>	mendment provides for an exchange, ons for implementing the amendment applicable, indicate N/A)		

The date of each amendment(s) adoption: 1-13-2010
(date of adoption is required)
Effective date if applicable: (no more than 90 days after amendment file date)
(no more than 90 days after amenament fite date)
Adoption of Amendment(s) (<u>CHECK ONE</u>)
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
The amendment(s) was/were approved by the shareholders through voting groups. The following statemen must be separately provided for each voting group entitled to vote separately on the amendment(s).
"The number of votes cast for the amendment(s) was/were sufficient for approval
by"
by" (voting group)
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.
Dated1-13-2010
Signature
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court
appointed fiduciary by that fiduciary)
Mutisim Y. Hagnour
(Typed or printed name of person signing)
Secretary
(Title of person signing)