

PD1000080024

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

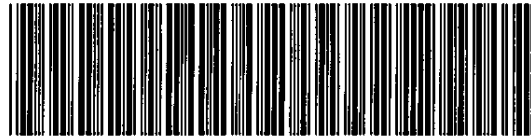
(Business Entity Name)

(Document Number)

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APPROVED
AND
FILED
07 AUG - 6 PM 3:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Anand
C. Oufflette AUG 06 2007

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Hairmaster's Styles Inc.
(Name of Corporation)

DOCUMENT NUMBER: PD100080024

The enclosed Articles of Correction and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Ellen Sines
(Name of Contact Person)

Diversified Financial Services Inc.
(Firm/Company)

1971 S.E. Port St. Lucie Blvd
(Address)

Port St. Lucie FL 34952
(City/State and Zip Code)

For further information concerning this matter, please call:

Ellen Sines at (772) 335-0713
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$35.00 Filing Fee

☐ \$43.75 Filing Fee & Certified Copy

☐ \$43.75 Filing Fee & Certificate of Status

☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy

Mailing Address:

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

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 24, 2007

ELLEN SINES
DIVERSIFIED FINANCIAL SERVICES, INC.
1971 SE PORT ST. LUCIE BLVD
PORT ST LUCIE, FL 34952

SUBJECT: HAIRMASTER'S STYLES, INC.
Ref. Number: P01000080024

We have received your document for HAIRMASTER'S STYLES, INC. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Articles of Correction must be filed within 30 days of the file date of the document that is being corrected. As the time period for filing Articles of Correction has expired, an amendment to the articles of incorporation could be filed at this time.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6903.

Cheryl Coulliette
Document Specialist

Letter Number: 107A00046287

RECEIVED
07 AUG -6 AM 8:00
DIVISION OF CORPORATIONS

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: HAIAMASTER'S STYLES INC.

DOCUMENT NUMBER: 70100080024

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

ELLEN SINES
(Name of Contact Person)

Diversified Financial Services
(Firm/ Company)

1971 S.E. Port St Lucie Blvd
(Address)

Port St Lucie FL 34952
(City/ State and Zip Code)

For further information concerning this matter, please call:

ELLEN SINES at (772) 335-0713
(Name of Contact Person) (Area Code & Daytime Telephone Number)

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Certificate of Status

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Certified Copy
(Additional copy is
enclosed)

☐ \$52.50 Filing Fee
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(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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment
to
Articles of Incorporation
of

Hairmaster's Styles Inc.

(Name of corporation as currently filed with the Florida Dept. of State)

P0100080024

(Document number of corporation (if known))

07 AUG -6 PM 3:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

NEW CORPORATE NAME (if changing):

(Must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.")
(A professional corporation must contain the word "chartered", "professional association," or the abbreviation "P.A.")

AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: **(BE SPECIFIC)**

Adding Additional Officers - Director

JUAN ARMENDARIZ - Vice Pres/Director

1197 S.E. MacFarlane Ave

Port St Lucie FL 34952

Change Position for

Maria Armendariz to President/Director

(Attach additional pages if necessary)

If an amendment provides for exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)

(continued)

The date of each amendment(s) adoption: JAN 04 2007

Effective date if applicable: _____

(no more than 90 days after amendment file date)

Adoption of Amendment(s)

(CHECK ONE)

☒ The amendment(s) was/were approved 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 statement 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 _____."

(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.

Signature

Maria E. Armendariz
(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)

Maria E. Armendariz

(Typed or printed name of person signing)

President

(Title of person signing)

FILING FEE: \$35