P01000116801

Office Use Only



100240958861

10/22/12--01023--011 **35.00

I OCT 22 PH 2: 41
SLORETARY OF STATE



COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: MAGGIE	BEAUTY SALON	INC	
DOCUMENT NUMBER: P010001168	301		
The enclosed Articles of Amendment and fee are			
Please return all correspondence concerning this i	matter to the following:		
MAGALY GON	ZALEZ		
	Name of Contact Person	1	
M & M ACCOU	NTING SERVICE		
	Firm/ Company		
5370 PALM AV	E STE 9		
	Address		
HIALEAH FL 33	3012		
	City/ State and Zip Cod	e	
gonzalez1948@yal	noo.com		
E-mail address: (to be	used for future annual report	notification)	
For further information concerning this matter, pl	ease call:		
MAGALY GONZALEZ	at(305	_ ₎ 557-1662	
Name of Contact Person	Area Co	Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount mad	de payable to the Florida Depa	artment of State:	
\$35 Filing Fee & Certificate of Status		□\$52.50 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	Amend Divisio Clifton	Address ment Section of Corporations Building xecutive Center Circle	

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

MAGGIE BEAUTY SALO	ON INC			
	currently filed with the Flo	rida Dept. of State)		-
P01000116801		,		
(Documer	nt Number of Corporation (if I	known)		_
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this Fi	orida Profit Corporation a	dopts the followir	ng amendment(s) t
A. If amending name, enter the new na	me of the corporation:			
LIGIA'S BEAUTY SALON	N INC			The new
name must be distinguishable and com "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or "Co	o". A professional corpor	orated" or the a cation name must	bbreviation
B. <u>Enter new principal office address,</u> (Principal office address <u>MUST BE A S</u>				_
				_
C. Enter new mailing address, if appli	cable:			
(Mailing address <u>MAY BE A POST</u> (OFFICE BOX)			_
				_
				_
D. If amending the registered agent an	d/or registered office addres	s in Florida, enter the na	me of the	
new registered agent and/or the nev	v registered office address:			
Name of New Registered Agent	NELSON RODRI	GUEZ	_	
			=	
	(Florida stree	address)		
New Registered Office Address:	(City)	, Florida	(Zip Code)	_
	(Cnjy)		(Zip Coue)	
New Registered Agent's Signature, if cl hereby accept the appointment as registed	hanging Registered Agent:	th and account the abliqueion	re of the position?	
accept the appointment as regime	trea ageni. Tamadininar wii	н ана ассері іне ониданог	is of the position.	42

Signature of New Registered Seem, if changing

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 <math>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	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	Р	MARTA M MORADO	140 SW 16TH AVE
Add			MIAMI FL 33135
X Remove			
2) Change	Р	NELSON RODRIGUEZ	140 SW 16TH AVE
X Add			MIAMI FL 33135
Remove			
3)Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

-	icles, enter change(s) here: (Be specific)
If an amendment provides for an excha	gange reclassification or cancellation of issued shares
If an amendment provides for an exchaprovisions for implementing the amen (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, industrial industr
provisions for implementing the amen	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:
provisions for implementing the amen	nange, reclassification, or cancellation of issued shares, and and an
provisions for implementing the amen	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:
provisions for implementing the amen	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:
provisions for implementing the amen	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:

The date of each amendment	(s) adoption: 10/16/2012
Effective date if applicable:	11/01/2012
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
The amendment(s) was/wer by the shareholders was/we	e adopted by the shareholders. The number of votes east for the amendment(s) are sufficient for approval.
	e approved by the shareholders through voting groups. The following statement d 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/wer action was not required.	e adopted by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/wer action was not required.	e adopted by the incorporators without shareholder action and shareholder
Dated OC	TOBER 16 2012
Signature	Mwd
(B	y a director, president or other officer – if directors or officers have not been ceted, by an incorporator – if in the hands of a receiver, trustee, or other court pointed lituolary by that fiduciary)
	MARTA M MORADO
	(Typed or printed name of person signing)
	PRESIDENT/ DIRECTOR
	(Title of person signing)

1 . J . L

A service to