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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: SANDRA-	OLIVERA BEAU	TY SALON, INC
DOCUMENT NUMBER: P0500014368		
The enclosed Articles of Amendment and fee are s		
Please return all correspondence concerning this m	atter to the following:	
ARIEL OLIVERA	<b>\</b>	
SANDRA-OLIVE	Name of Contact Persor	•
1122 WEST FLA	Firm/ Company AGLER STREET	
MIAMI FL 33130	Address	
	City/ State and Zip Code	•
For further information concerning this matter, plea		
ARIEL OLIVERA	at ( 786	586-5193
Name of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for the following amount made	payable to the Florida Depa	rtment of State:
\$35 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$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 2661 E	Address ment Section n of Corporations Building xecutive Center Circle assee, FL 32301

## Articles of Amendment to Articles of Incorporation

SEGRETARY OF STATE TALLAHASSEE, FLORIDA

12 JUL 23 AM [1: 33

## SANDRA-OLIVERA BEAUTY SALON, INC

(Name of Corporation as currently filed with the Flo	rida Dept. of State)
P05000143685	
(Document Number of Corporation (if I	known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Fi</i> its Articles of Incorporation:	lorida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
N/A	The new
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Coword "chartered," "professional association," or the abbreviation "P.	" "company," or "incorporated" or the abbreviation o". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )	N/A
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A
D. If amending the registered agent and/or registered office addressiness registered agent and/or the new registered office address:	
Name of New Registered Agent OLIVERA, ARIEL	
1122 WEST FLA	GLER ST
(Florida stree	·
New Registered Office Address: MIAMI	, Florida 33130
(City)  New Registered Agent's Signature, if changing Registered Agent:	(Zip Code)
I hereby accept the appointment as registered agent. I am familiar wi	UBAR

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	<u>PT</u> <u>John</u>	1 Doe	
X Remove	<u>V</u> <u>Mik</u>	e Jones	
X Add	<u>SV</u> <u>Sall</u>	y Smith	
Type of Action (Check One)	Title	Name	Address
1) Change	P	MESA, RODOLFO	1122 W FLAGLER ST
Add			MIAMI FL 33130
X Remove			
2) Change	Р	OLIVERA, ARIEL	1122 W FLAGLER ST
$\frac{X}{X}_{Add}$			MIAMI FL 33130
Remove			
3) Change	VP	GARCIA, ARIEL O	1122 W FLAGLER ST
Add			MIAMI FL 33130
X Remove			
4) Change	<u></u>		
Add			
Remove			
5) Change	-		
Add			
Remove		•	
6) Change			·
Add		•	
Remove			

E. If amending or adding additional Articles, enter change(s) here:	
(Attach additional sheets, if necessary). (Be specific)	
LAST, FIRST NAME:OLIVERA, ARIEL (REGISTERED AGENT AND NEW PRESID	)ENT)
ADDRESS:1122 W FLAGLER ST MIAMI FL 33130	
	<del></del>
7. If an amendment provides for an 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)	
N/A	

The date of each amendment(s) a	odoption: 07/17/2012
Effective date <u>if applicable</u> :	07/19/12
<u></u>	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	( <u>CHECK ONE</u> )
The amendment(s) was/were ad by the shareholders was/were s	lopted by the shareholders. The number of votes cast for the amendment(s) ufficient for approval.
	proved by the shareholders through voting groups. The following statement is each voting group entitled to vote separately on the amendment(s):
"The number of votes cas	t for the amendment(s) was/were sufficient for approval
by	(voting group)
The amendment(s) was/were ad action was not required.	lopted by the board of directors without shareholder action and shareholder
_	lopted by the incorporators without shareholder action and shareholder
Dated 07/17	/2012
Signature	Olf D
(By a selection	director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)
	RODOLFO MESA
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)