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2018 AUG 15 AM II: 42 SECRETARY OF STATE

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COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: ____ DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: HILARIA GARCIA Name of Contact Person YDALIA'S HAIR DESIGN, INC. Firm/ Company 9133 TAFT ST. Address PEMBROKE PINES, FL 33024 City/ State and Zip Code YDALIAG@YAHOO.COM E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

HILARIA GARCIA

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

□ \$35 Filing Fee Certificate of Status

Certificate of Status

Certificate of Status

(Additional copy is enclosed)

Certificate of Status

(Additional Copy is enclosed)

Mailing Address
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Ft. 32314

Street Address
Amendment Section
Division of Corporations
Cliffon Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILED

2018 AUG 15 AM 11: 43

YDALIA'S HAIR DESIGN, INC. (Name of Corporation as currently filed with the Florida Dept. or State LAHASSEE, FL P06000020296 (Document Number 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: A. If amending name, enter the new name of the corporation: N/A name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: N/A (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) New Registered Office Address: (City) (Zip Code) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position. Signature of New Registered Agent, it 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 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	PT	John Doc	
X Remove	<u>V</u>	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change	Р	MATEA ALTAGRACIA RAMOS	10310 GREENHOUSE
Add			PEMBROKE PINES, FL 33026
Remove 2) Change	٧	MATEA ALTAGRACIA RAMOS	10310 GREENHOUSE
X Add			PEMBROKE PINES, FL 33026
Remove 3) Change	V	HILARIA GARCIA	1460 FAIRWAY RD.
Add	-		PEMBROKE PINES, FL 33026
X Remove			
4) Change	P 	HILARIA GARCIA	1460 FAIRWAY RD.
X Add			PEMBROKE PINES, FL 33026
Remove			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific) SHARES WILL BE SPLIT:
PRESIDENT HILARIA GARCIA 75%
VICE-PRESIDENT MATEA ALTAGRACIA RAMOS 25%
F. 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

APRIL 19, 2018	
The date of each amendment(s) adoption.	if other 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 does not meet the applicable statutory filing requirements, this date will no document's effective date on the Department of State's records.	t be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes east 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.	
AUGUST 8, 2018	
DatedSignature	
(My 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)	
HILARIA GARCIA	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	