

P06000077747

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

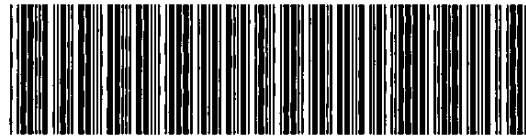
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200078587702

08/16/08--01013--023 \*\*43.75

FILED  
06 AUG 16 AM 10:34  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Ex Amend

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** S.A. & F. OF SOUTH FLORIDA, INC

**DOCUMENT NUMBER:** P06000077747

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

Please return all correspondence concerning this matter to the following:

LAURA MONTANARO

(Name of Contact Person)

ABACUS PAYROLL AND ACCOUNTING

(Firm/ Company)

1140 NE 2ND STREET

(Address)

POMPANO BEACH, FL 33062

(City/ State and Zip Code)

For further information concerning this matter, please call:

LAURA MONTANARO

(Name of Contact Person)

at ( 954 ) 785-2142

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$35 Filing Fee

☒ \$43.75 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

**Street Address**

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

Articles of Amendment  
to  
Articles of Incorporation  
of

S.A. & F. OF SOUTH FLORIDA, INC. /

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

P06000077747

(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:

**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)**

**ARTICLE III PURPOSE;**

**OLD: WHOLESALE WOMENS PRODUCTS**

**NEW: LADIES TANNING SALON PRODUCTS**

(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)

N/A

(continued)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

06 AUG 16 AM 10:34

FILED

The date of each amendment(s) adoption: 08/02/06

Effective date if applicable: 08/02/06  
(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 Suzette M. Bryan

(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)

SUZETTE MICHAUD BRYAN

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

**FILING FEE: \$35**