P06 0006141580

Florida Department of State
Division of Corporations
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To:
        Division of Corporations
        Fax Number      : (850)617-6380

From:
        Account Name    : UNITED TITLE TEAM LLC
        Account Number  : I20210000119
        Phone           : (786)816-4328
        Fax Number      : (786)513-4650

**Enter the email address for this business entity to be used for future
    annual report mailings. Enter only one email address please.**

        Email Address: ccserviciototal@gmail.com
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COR AMND/RESTATE/CORRECT OR O/D RESIGN
HAIR CREATIONS & SPA, INC.

Certificate of Status	0
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Page Count	01
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<u>COVER LETTER</u>

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: HAIR CREATIONS & SPA, INC

DOCUMENT NUMBER: P06000141580

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

Please return all correspondence concerning this matter to the following:

JOSE M NAVARRO
_____
Name of Contact Person

HAIR CREATIONS & SPA, INC
_____
Firm/Company

12163 SW 152nd Street
_____
Address

Miami, FL 33177
_____
City, State and Zip Code

hcsalonspa@gmail.com
_____
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOSE M NAVARRO   at (786) 286-6135
_____   _____
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 ☐ $43.75 Filing Fee &   ☐ $43.75 Filing Fee &   ☐ $52.50 Filing Fee
                     Certificate of Status   Certified Copy   Certificate of Status
                                               (Additional copy is   Certified Copy
                                               enclosed)   (Additional Copy
                                                                        is enclosed)

Mailing Address   **Street Address**
Amendment Section   Amendment Section
Division of Corporations   Division of Corporations
P.O. Box 6327   The Centre of Tallahassee
Tallahassee, FL 32314   2415 N. Monroe Street, Suite 810
                                 Tallahassee, FL 32303

Articles of Amendment
to
Articles of Incorporation
of

HAIR CREATIONS & SPA, INC

_____

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

P06000141580

_____

(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:

_____ _The new_
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:
(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: _____, Florida_____
                                               (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, if changing

Check if applicable
☐ The amendment(s) is are being filed pursuant to s. 607.0120 (11) (e), F.S.

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 Doe
X Remove	V	Mike Jones
X Add	SV	Sally Smith

Type of Action (Check One)	Title	Name	Address
1) ___ Change ___ Add ·X Remove	VP	ALEXANDER J NAVARRO	22401 SOUTHWEST 88 PLACE, UNIT 1 MIAMI FL 33190
2) ___ Change X Add ___ Remove	P	IDANIA L SUAREZ	7636 SW 193RD LN CUTLER BAY FL 33157
3) X Change ___ Add ___ Remove	VP	JOSE M NAVARRO	7636 SW 193RD LN CUTLER BAY FL 33157
4) ___ Change ___ 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)

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

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)

_____

_____

_____

_____

_____

_____

_____

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 not be listed as the
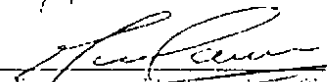document's effective date on the Department of State's records.

Adoption of Amendment(s)   **(CHECK ONE)**

☒ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder
   action was not required.

☐ The amendment(s) was/were adopted 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 amendments).

      "The number of votes cast for the amendment(s) was/were sufficient for approval

   by _____   _____."
                    (voting group)

      Dated____06/13/22_____

      Signature _____ _____
      (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)

            JOSE M NAVARRO
      _____
                  (Typed or printed name of person signing)

            VP
      _____
                  (Title of person signing)