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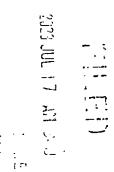




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COVER LETTER

TO: Amendment Section Division of Corporations	
NAME OF CORPORATION: CLASSIC SALON TRAN INC	^
DOCUMENT NUMBER: P06000143277	_ `
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
FRITZ FANDRE Name of Contact Person	
8900 NW 38TH DRIVE AFT # 8 CORAL Strings FL 33065 City/State and Zip Code CLASSICS ALON 150A a GMAIL COM	
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:	
PRITZ LEANDRE at 954 512-8137 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 Status S43.75 Filing Fee Certificate of Status (Additional copy is enclosed) \$35 Filing Fee Certificate of Status Certified Copy Certified Copy Certified Copy (Additional Copy is enclosed)	
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

Articles of Amendment

to Articles of Incorporation

Articles of Inc	corporation
(Name of Corporation as current)	V filed with the Florida Dept. of State)
	000143277 f Corporation (if known)
(Document Number o	(Corporation (it known)
Pursuant to the provisions of section 607,1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corporation:	
Classic	SALON & STATNENEW
name must be distinguishable and contain the word "corporation," "o "Inc.," or Co.," or the designation "Corp," "Inc," or "Co", , "chartered," "professional association," or the abbreviation "P.A."	company," or "incorporated" or the abbreviation "Corp.," I professional corporation name must contain the word
B. <u>Enter new principal office address, if applicable:</u> (Principal office address <u>MUST BE A STREET ADDRESS</u>)	5580 W SAMPLE ROAD MARGATE, FL 33073
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>)	8900 NW 38TA DRIVE AG CORAL SPRINGS, FL 3306
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address	ress in Florida, enter the name of the
Name of New Registered Agent FRITZ	1 FANDRE
8900 NW	38TH DRIVE #18
New Registered Office Address: ORAL	PRINGS Florida 33065 (Giry) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: Thereby accept the appointment as registered agent. Thun familiar p	ith and account the ablique of the second se
Harry	The analysis of the position.
Sonature of New Me	rgistered Agent, if changing
Check if applicable The amendment(s) is/are being filed pursuant to s. 607(0120 (11))	F7

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: <u>X</u> Change	PT Jol	hn Doc		
X Remove	<u>V</u> <u>Mi</u>	ke Jones		
X Add	<u>ŞV</u> <u>Şal</u>	lly Smith		
Type of Action (Check One)	Title	<u>Name</u>		Address
1) Change	\mathbb{Z}	SHAlli BU	irchell:	5961 NW 99 THAVE
X Add		1	-	PARKLAND, FL 33076
Remove	\mathcal{D}	In - /-	-	8900 NW 38TH DR #8
2) Change Add	1	1 KIZ LE		
	12	11.1.05	- Da 1	CORAL SPRINGS, FL 33065
Remove 3) Change		JAN N II	KAN 3	3422 NWIIZ AVE
Add Remove			Ĺ	ORAL SPRINGS, HL 3300
4) Change			-	
Add				
Remove			-	
5) Change				
Add			_	
Remove			_	
6) Change Add				
Remove			-	

an amendment provides for an exchange, reclassification, or cancellation of issued shares, rovisions for implementing the amendment if not contained in the amendment itself: (i) not applicable, indicate V(1)	attach <i>additional she</i>	g additional Arti ts. if necessary).	(Be specific)			
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The date of each amendment(s) adoption:
date this document was signed.
Effective date <u>if applicable</u> :
(no more than 90 days affer amendment file date)
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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 amendment(s):
"The number of votes cast for the amendment(s) was/were sufficient for approval
by
(voting group)
Signature (By a director, president or other officer, if directors of officers have not been colored by an incomparator if in the first state of the state of th
selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
+RITZ LEANDRE
(Typed or printed name of person signing)
LPESINENII
(Title of person signing)