P06000145547

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
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COVER LETTER

TO: Amendment Section **Division of Corporations** NAME OF CORPORATION: _____ It's a 10, Inc. DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Michael J. Sacks, Esq. Name of Contact Person Brush & Sacks Firm/ Company 7210 Wisteria Ave. Address Parkland, FL 33076 City/ State and Zip Code carolyn@itsa10haircare.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (954 Area Code & Daytime Telephone Number Michael J. Sacks Name of Contact Person 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 Certificate of Status Certified Copy (Additional copy is Certified Copy (Additional Copy enclosed) is enclosed) **Mailing Address** Street Address **Amendment Section** Amendment Section **Division of Corporations** Division of Corporations

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

P.O. Box 6327

Tallahassee, FL 32314

Articles of Amendment to Articles of Incorporation of

(Name of Corporation as curren	tly filed with the Florida Dept. of State	e)				
It's a 10, Inc. P06000145547						
(Document Number	of Corporation (if known)					
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	s Florida Profit Corporation adopts the	following amenda	nent(s) t			
A. If amending name, enter the new name of the corporation:						
N/A		The ne	nw.			
name must be distinguishable and contain the word "corporati "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation nam					
B. Enter new principal office address, if applicable:	2800 Gateway Drive Suite #103					
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	Pompano Beach, FL 33069	·				
		770	-47			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2800 Gateway Drive Suite #103	28				
	Pompano Beach, FL 33069	- 12 ω - 25 ω	O			
		19				
D. If amending the registered agent and/or registered office add	duese in Florida, ontor the name of the	,				
new registered agent and/or the new registered office addres						
Name of New Registered Agent						
nume of new negistered agent						
Nume of New Registered Agent						
	treet address)					
	treet address)					

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>	John Doe			
X Remove	Y	Mike Jon	<u>es</u>		
X Add	<u>sv</u>	Sally Smi	<u>th</u>		
Type of Action (Check One)	Title]	Name		Address
1) N/A Change					
Add					
Remove					
2) Change					
Add					
Remove					
3) Change					
Add					
Remove					
4) Change					
Add					
Remove					
5) Change		<u> </u>		,	
Add					
Remove					
6) Change		_			
Add				•	
Remove					

	ending or adding additional Articles, enter change(s) here: h additional sheets, if necessary). (Be specific)
J/A	
····	
······································	
	·
lf ar	amendment provides for an exchange, reclassification, or cancellation of issued shares,
pro	risions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)
ī/A	
	
<u></u>	
<u></u>	

The date of each amendment(s) add date this document was signed.	option:	, if other than the
•		
Effective date if applicable:	(no more than 90 days after amendment file date)	
Note: If the date inserted in this blo document's effective date on the Dep	ock does not meet the applicable statutory filing requirements, this date startment of State's records.	will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were adop by the ahareholders was/were suff	nted by the shareholders. The number of votes east for the amendment(s) ficient for approval.	
	oved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast fo	or the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/were adopted action was not required.	ned by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were adopted action was not required.	sted by the incorporators without shareholder action and shareholder	
Dated3/(1466	
Signature	ann Pluman	
	ector, president or other officer - if directors or officers have not been by an incorporator - if in the hands of a receiver, trustee, or other court	
	d fiduciary by that fiduciary)	
	CAROUN PURPLE (Typed or printed name of person signing)	
_	(Typed or printed name of person signing)	
	CEO	
_	(Title of person signing)	