P0710000017066

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(Requestor's Name)	,
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(A.1.	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name).	
(Document Number)	_
Certified Copies Certificates of Status	
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Special Instructions to Filing Officer:	
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SECRETARY OF STATE LLAHASSEF, EL OBJE

APPROVEU AND FILED

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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: New Look	le Miroir Barber INC			
DOCUMENT NUMBER: 0700002066				
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Borenice Name of	St. FORT			
Firm	n/ Company			
734 NE	167St. Address			
miami F/ 33162 City/ State and Zip Code				
E-mail address: (to be used for fu	fahou: Com ture annual report notification)			
For further information concerning this matter, please				
Berenice St-Fort Name of Contact Person	at (786) 3017311 Area Code & Daytime Telephone Number			
Enclosed is a check for the following amount made p	ayable to the Florida Department of State:			
\$35 Filing Fee \$43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fee & ☐ \$52.50 Filing Fee Certified Copy Certificate of Status (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed)			
Amendment Section A Division of Corporations E P.O. Box 6327	Street Address Amendment Section Division of Corporations Clifton Building 1661 Executive Center Circle			

Tallahassee, FL 32301



November 5, 2009

BERENICE ST FORT 734 NE 167 ST MIAMI, FL 33162

SUBJECT: NEW LOOK LE MIROIR BARBER, INC.

Ref. Number: P07000007066

We have received your document for NEW LOOK LE MIROIR BARBER, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The date of adoption of each amendment must be included in the document.

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

The officer or director of the corporation needs to sign.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6957.

Tracy L Lemieux Regulatory Specialist II

Letter Number: 909A00034898

Articles of Amendment to Articles of Incorporation

	01		•
New Look Le Mico	ic Racher I	nc.	SS 101 5
(Name of Corporation as currently i	filed with the Florida De	pt. of State)	
POTODODO TO LOLO			1943 B
	f Corporation (if known)		
(Doublett Nation of	. Corporation (it known)		(S) (S)
Pursuant to the provisions of section 607.1006, Floamendment(s) to its Articles of Incorporation:	rida Statutes, this <i>Florid</i>	la Profit Coi	poration adopts the follo
A. If amending name, enter the new name of the c	orporation:		
Man In The Mirror B		Inc.	The new
name must be distinguishable and contain the wa abbreviation "Corp.," "Inc.," or Co.," or the design name must contain the word "chartered," "profession	nation "Corp," "Inc," or	r "Co". A j	professional corporation
B. Enter new principal office address, if applicable	e:		
(Principal office address <u>MUST BE A STREET AD</u>	DRESS)	10/0-1	Nivia II. xu
	_		Dixie Hwy.
	Miami	, FL 3	3161
C. Enter new mailing address, if applicable:	Ĭ	,	
(Mailing address MAY BE A POST OFFICE BO	0X0 <u>84 NE</u>	1603	<u>T,</u>
	Miami	E	33162
) 	
D. If amonding the projectional areas and/or register			N
 If amending the registered agent and/or registered new registered agent and/or the new registered 		rius, enter	ine name of the
Name of New Registered Agent:			
New Registered Office Address:	(Florida street addre	:55)	
		,	Florida
	(City)	(Zip C	
N 70 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	· · · · · · · · · · · · · · · · · · ·	• •	•
New Registered Agent's Signature, if changing Res I hereby accept the appointment as registered agent.		ccent the ohl	igations of the position
10) accept the appointment as together on agent.	juniorista visit unu ut	ocepi ine ooi	Sanora of the position
<u> </u>			
Signatu	re of New Registered Age	ent, if changi	ng

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)

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
			☐ Add ☐ Remove
E. <u>If amend</u> (attach ad	ing or adding additional Articles, enter ditional sheets, if necessary). (Be spec	r change(s) here:	
provisio	endment provides for an exchange, rendment in the smendment in the amendment in the applicable, indicate N/A)		

The date of each amendment	(s) adoption: $10-15-09$
	(date of adoption is required)
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/wer by the shareholders was/we	e adopted by the shareholders. The number of votes cast for the amendment(s) re sufficient for approval.
	e approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):
"The number of votes of	ast for the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
action was not required.	e adopted by the board of directors without shareholder action and shareholder
∠J The amendment(s) was/wer action was not required.	e adopted by the incorporators without shareholder action and shareholder
Dated	1-10-09
Signature (By a selec	a director, president or other officer – if directors or officers have not been sted, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)
	Berevice St. Fort (Typed or printed name of person signing)
	Tresident (Title of person signing)