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	equestor's Name)
(Ad	ldress)
(Ad	ddress)
(Cit	ty/State/Zip/Phone #)
(Bu	usiness Entity Name)
(Dc	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:
	Office Use Only

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: _____

DOCUMENT NUMBER: P08000058224

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

Please return all correspondence concerning this matter to the following:

YVONNE WILLIAMS

Name of Contact Person

SHEAR FINESSE HAIRSTYLING ACADEMY, INC.

Firm/ Company

5238-2 NORWOOD AVE

Address

JACKSONVILLE, FL 32208

City/ State and Zip Code

shearfinesse@att.ney

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

 MARKEYA NEALY
 at (904
 764-6474

 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:

□ S35 Filing Fee

□S43.75 Filing Fee & Certificate of Status (Additional copy is enclosed) S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)

<u>Mailing Address</u> Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 <u>Street Address</u> Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Shear Finesse Hairstyling Academy, INC

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

P08000058224

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(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
on," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the "P.A."
n/a
n/a
<u>Aress in Florida, enter the name of the</u>
(rect address)
, Florida, City) (Zip Code)
t: with and accept the obligations of the stitute 23

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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	<u>PT</u>	John Doe	
<u>X</u> Remove	<u>v</u>	<u>Mike Jones</u>	
<u>X</u> Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change	<u></u>		
Add			
Remove			
5) Change			
Add			
Remove			
6) Change		<u> </u>	
Add			
Remove			

(Auacu uaanionai succis, ij necessary).	ticles, enter change(s) here: (Be specific)	
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· • • • • • • • • • • • • • • • • • • •		
· ···		
. If an amendment provides for an excl	hange, reclassification, or cancellation of issued shares,	
(if not applicable, indicate N/A)	endment if not contained in the amendment itself:	
(y in appreciae, neiceae in)		
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	E-1	
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date this document was signed	at(s) adoption:, if other
uate this document was signed	
	06/18/2018
Effective date if applicable:	(no more than 90 days after amendment file date)
	the more than 20 days after dimendinent file dates
	this block does not meet the applicable statutory filing requirements, this date will not be listed the Department of State's records.
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
	ere adopted by the shareholders. The number of votes cast for the amendment(s) vere sufficient for approval.
	ere approved by the shareholders through voting groups. The following statement led for each voting group entitled to vote separately on the amendment(s):
"The number of vote	es cast for the amendment(s) was/were sufficient for approval
bv	
- ,	(voting group)
action was not required.	ere adopted by the board of directors without shareholder action and shareholder
action was not required.	
action was not required. 04/2 Dated	
action was not required. 04/2 Dated Signature _ (s	
action was not required. 04/2 Dated Signature _ (s	By a director, president or other officer – if directors or officers have not been selected, by an incorporator – in the hands of a receiver, trustee, or other court
action was not required. 04/2 Dated Signature _ (s	By a director, president or other officer – if directors or officers have not been selected, by an incorporator – in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
action was not required. 04/2 Dated Signature _ (s	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) Yvonne Williams