P08000067997

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
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SECRETARY OF STATE



M2/2/1

COVER LETTER

TO: Amendment Section
Division of Corporations

| NAME OF CORPOR | ATION: NI | EW LOOK HAIR DESIGN | CORP. |
|--|--|---|---|
| DOCUMENT NUMBI | ER: | P08000067997 | |
| The enclosed Articles o | f Amendment and fee a | re submitted for filing. | |
| Please return all corresp | ondence concerning thi | s matter to the following: | |
| | | SUELO DOMINGUEZ | |
| | N | ame of Contact Person | |
| | NEW LO | OK HAIR DESIGN CORP. | |
| | | Firm/ Company | |
| | 41 | 61 E. 4th AVENUE | |
| | | Address | |
| | | ALEAH, FL 33011 | |
| | | • | |
| <u></u> | Josinaus E-mail address: (to be use | 071_@hotmail.com d for future annual report notification) | |
| For further information | concerning this matter, | please call: | |
| CONSUEL | O DOMINGUEZ | at (305) 3 | 35-6361 |
| Name of Co | ontact Person | Area Code & Daytime Tel | ephone Number |
| Enclosed is a check for | the following amount n | nade payable to the Florida Depar | tment of State: |
| □\$35 Filing Fee E | \$43.75 Filing Fee & Certificate of Status | \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | □ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) |
| Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | | Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle | le |

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

NEW LOOK HAIR DESIGN CORP.

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

P08000067997

(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:

| name must be distinguishable and contai | n the word "corp | poration," "company, | The new or "incorporated" or the |
|---|---|-------------------------------------|-------------------------------------|
| abbreviation "Corp.," "Inc.," or Co.," or in an ame must contain the word "chartered," "p | | | |
| B. Enter new principal office address, if applicable: | | 4161 E. 4th Aver | nue |
| Principal office address <u>MUST BE A STR</u> | <u>EET ADDRESS</u>) | Hialeah, FL 3301 | 11 |
| | | | |
| C. Enter new mailing address, if applicate (Mailing address MAY BE A POST OF) | | 4161 E. 4th Aven | ue |
| | | Hialeah, FL 3301 | 1 |
| | | | |
| D. If amending the registered agent and/o | | | nter the name of the |
| new registered agent and/or the new re | egistered office ad | dress: | |
| | | | |
| Name of New Registered Agent: | CONSUELO | DOMINGUEZ | |
| Name of New Registered Agent: | CONSUELO 4161 E. 4th / | | |
| Name of New Registered Agent: New Registered Office Address: | 4161 E. 4th | | |
| | 4161 E. 4th | Avenue | , Florida 33011 |
| | 4161 E. 4th A | Avenue ida street address) | , Florida <u>33011</u> Zip Code) |
| New Registered Office Address: | 4161 E. 4th A (Floridal) (Floridal) (City) | Avenue ida street address) | |
| | 4161 E. 4th A (Floridal Annual City) riging Registered A | Avenue ida street address) (sgent: | Zip Code) |
| <u>New Registered Office Address:</u> New Registered Agent's Signature, if chan | 4161 E. 4th A (Floridal Annual City) riging Registered A | Avenue ida street address) (sgent: | Zip Code) |

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)

| (much daunit | mai sneets, y necessary) | | |
|--------------|---|--|-------------------|
| <u>Title</u> | Name | Address | Type of Action |
| DP | CARMEN E. DIAZ | 1481 Camellia Circle Weston, Fl 33326 | ☐ Add ☐ Remove |
| DPST | CONSUELO DOMINGUEZ | 4161 E. 4th Avenue Hialeah, FL 33011 | ☑ Add □ Remove |
| | | | ☐ Add ☐ Remove |
| | g or adding additional Articles, enter citional sheets, if necessary). (Be specific | | |
| DELETE: C | ARMEN E. DIAZ | | |
| | | . 180 | |
| | | | |

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)

RECLASIFY SHARES AS FOLLOWS: CONSUELO DOMINGUEZ 500 SHARES

| | | | |
|-------|--------|-------------|------|
| | | | |
| |) (a) | · | |
| | | | |
| · | | | |
| | | | |

| The date of each amendmen | t(s) adoption: March 21, 2011 |
|--|--|
| Effective date if applicable: | March 21, 2011 (date of adoption is required) |
| Enecuve date in applicable: | (no more than 90 days after amendment file date) |
| Adoption of Amendment(s) | (CHECK ONE) |
| | ere adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval. |
| The amendment(s) was/we must be separately provide | ere approved by the shareholders through voting groups. The following statement and 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) |
| The amendment(s) was/we action was not required. | re adopted by the board of directors without shareholder action and shareholder |
| The amendment(s) was/we action was not required. | re adopted by the incorporators without shareholder action and shareholder |
| Dated Marc | ch 21, 2011 |
| Signature | Corsulo Domieso |
| (By | a director, president or other officer – if directors or officers have not been ected, by an incorporator – if in the hands of a receiver, trustee, or other court ointed fiduciary by that fiduciary) |
| | CONSUELO DOMINGUEZ |
| | (Typed or printed name of person signing) |
| | PRESIDENT |
| | (Title of person signing) |