P08000071114

| (Re | equestor's Name) | |
|-------------------------|--------------------|-----------|
| (Ad | ldress) | |
| (Ad | idress) | |
| (Cit | ty/State/Zip/Phone | :#) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | isiness Entity Nam | ne) |
| (Do | ocument Number) | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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COVER LETTER

TO: Amendment Section Division of Corporations

Amendment Section

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

| NAME OF CORPO | PRATION: ALLURE HAIR S | SALON, INC. | | _ 8 |
|-------------------------|---|---|---|---|
| DOCUMENT NUM | D0900007114 | | | |
| The enclosed Article | s of Amendment and fee are su | ubmitted for filing. | | |
| Please return all corr | espondence concerning this ma | atter to the following: | | |
| | Elan Baret | | | |
| | - | Name of Contact Person | | |
| | Elan I. Baret, P.A. | 4 | * | |
| | | Firm/ Company | | |
| | 3007 West Commercial Blvd | d | | |
| | | Address | | |
| | Suite 105 | | | |
| | | City/ State and Zip Code | | |
| elan | @usaimmirationlaw.com | | | |
| | E-mail address: (to be u | sed for future annual report n | otification) | - - |
| For further information | on concerning this matter, plea- | se call: | | |
| Elan Baret | | at (| 486-9966 | |
| Name | of Contact Person | Area Cod | e & Daytime Telephone | Number |
| Enclosed is a check f | or the following amount made | payable to the Florida Depar | tment of State: | |
| □ \$35 Filing Fee | □\$43.75 Filing Fee & Certificate of Status | \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | \$52.50 Filing Fee Centificate of Status Certified Copy (Additional Copy is enclosed) | 7. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. |
| Ma | iling Address | Street A | ddress | Tight. |

Amendment Section

Clifton Building

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

MIL WE -1 PH 4: 10

A SECTION OF THE PROPERTY OF T

Articles of Amendment to Articles of Incorporation of

| ٨ | ī | Ιī | IDE | LIA | ID | CAT | ONI | INC. |
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(Name of Corporation as currently filed with the Florida Dept. of State)

| P08000071114 | | | 5 5 |
|--|--------------------------------|------------------------------|-------------------------------|
| | (Document Number of | Corporation (if known) | <i>\$</i> , |
| Pursuant to the provisions of section 607, its Articles of Incorporation: | 1006, Florida Statutes, this F | Florida Profit Corporation | adopts the following amendmen |
| A. If amending name, enter the new na | ame of the corporation: | | |
| | | | The new |
| name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa | nation "Corp," "Inc," or "C | Co". A professional corpo | porated" or the abbreviation |
| B. Enter new principal office address, | | | |
| (Principal office address <u>MUST BE A S</u> | TREET ADDRESS) | | |
| | | | |
| | | _ | |
| C. Enter new mailing address, if appli (Mailing address MAY BE A POST) | | | |
| | <u> </u> | | |
| | | | |
| | | | |
| D. If amending the registered agent an | | | ime of the |
| new registered agent and/or the nev | Elan Baret, Esq. | | |
| Name of New Registered Agent | <u> </u> | | |
| | 3007 West Commercial Blv | | |
| | (Florida stree | et address) | 22200 |
| New Registered Office Address: | Fort Lauderdale | Cital | _, Florida 33309 |
| | [1 | City) | (Zip Code) |
| , | | | |
| New Registered Agent's Signature, if c | | | |
| I hereby accept the appointment as regist | ered agent. I am familiar w | ith and accept the obligatio | ns of the position. |
| | | | |
| • | SKM) | () | |
| | Signature of New Re | d Agent, if changing | |

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 <math>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.

| X Change | <u>PT</u> | John Doe | |
|-------------------------------|--------------|---------------|------------------------|
| X Remove | <u>v</u> | Mike Jones | |
| X Add | <u>sv</u> | Sally Smith | |
| Type of Action (Check One) | <u>Title</u> | <u>Name</u> | <u>Addres</u> s |
| 1) Change | P | Nikki Lorimer | 5650 Stirling Road #11 |
| X Add | | | Hollywood, FL 33021 |
| Remove | | | |
| 2) Change | P | Artur Livael | 5650 Stirling Road #11 |
| Add | | | Hollywood, FL 33021 |
| X Remove | | | |
| 3) Change | | | |
| Add | | | |
| Remove | | | |
| 4) Change | | | |
| Add | | | |
| Remove | | | |
| 5) Change | | _ | |
| Add | | | |
| Remove | | | |
| | | | |
| 6) Change | | | |
| Add | | | |
| Remove | | | |

| /A | iaaiiionai she | ets, if necessary | y). (Be spec | ific) | | | | | |
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| <u>If an am</u> | endment pro | vides for an exmenting the a | xchange, recla | assification, | or cancellatio | n of issued s | hares, | | |
| (if | not applicable | e, indicate N/A) |)) | iot containe | ı in the amen | uigent usen: | _ | | |
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| | 07/06/2017 | |
|--|---|--------------------------------|
| The date of each amendment(s) date this document was signed. | adoption: | , if other than the |
| 09 | 0/01/2017 | |
| Effective date if applicable: | (no more than 90 days after amendment file date) | <u> </u> |
| | (no more man so days after amenantem file date) | |
| Note: If the date inserted in this document's effective date on the l | block does not meet the applicable statutory filing requirements, this Department of State's records. | date will not be listed as the |
| Adoption of Amendment(s) | (<u>CHECK ONE</u>) | |
| ■ The amendment(s) was/were a by the shareholders was/were | dopted by the shareholders. The number of votes cast for the amendmen sufficient for approval. | t(s) |
| | pproved by the shareholders through voting groups. The following states or each voting group entitled to vote separately on the amendment(s): | nent |
| "The number of votes ca | st for the amendment(s) was/were sufficient for approval | |
| by | (voting group) | |
| · | (voting group) | |
| ☐ The amendment(s) was/were a action was not required. | dopted by the board of directors without shareholder action and sharehol | der |
| ☐ The amendment(s) was/were a action was not required. | dopted by the incorporators without shareholder action and shareholder | |
| Dated <u>07/</u> 0 | 07/17 | |
| Signature | | |
| | director, president or other officer - if directors or officers have not been | |
| | ted, by an incorporator – if in the hands of a receiver, trustee, or other co inted fiduciary by that fiduciary) | urt |
| арро | inted fiducially by that fiducially) | |
| | Arthur Livaev | |
| | (Typed or printed name of person signing) | |
| | President | |
| | (Title of person signing) | |