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(Ac	idress)	
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COVER LETTER

TO: Amendment Section

P.O. Box 6327

Tallahassee, FL 32314

NAME OF CORPORATION: SOUTHERN ROOTS SALON INC DOCUMENT NUMBER: P08000086449 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following:
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
PAMELA YUTZY
Name of Contact Person
YUTZYS BUSINESS SOLUTIONS INC
Firm/ Company
1569 SHADOW RIDGE CIR
Address
SARASOTA FL 34240
City/ State and Zip Code
Address SARASOTA FL 34240 City/ State and Zip Code pamelay28@comcast.net
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
PAMELA YUTZY at (
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:
\$35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) \$43.75 Filing Fee & S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy 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

Articles of Amendment to Articles of Incorporation of

SOUTHERN	ROOTS	SAL	ON.	INC

(Name of Corporation	n as currentl	ly filed w	ith the Fl	orida Dept.	of Stat	<u>e</u>)		
P08000086449								
(Docum	ent Number of	f Corpora	ition (if kn	own)				
Pursuant to the provisions of section 607.1006, Floridates Articles of Incorporation:	Statutes, this	Florida I	Profit Cor _l	<i>poration</i> ad	opts the	followi	ng ame	endment(s)
A. If amending name, enter the new name of the co	rporation:							
INDIGO ROSE SRQ INC							The	new
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp., word "chartered," "professional association," or the	" "Inc," or "	'Co". A					abbrev	iation
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADD								
						∑ EE	-	
							3>-	***************************************
C. Enter new mailing address, if applicable:						2000	က် ယ	tion and
(Mailing address MAY BE A POST OFFICE BO)	<u>Y</u>)					477	0	3
							A	
								- June
						2.2	 	
D. If amending the registered agent and/or register new registered agent and/or the new registered of the new			orida, ent	ter the nam	e of the	•		
Nama of Nau Posistanad Assat		_						
Name of New Registered Agent							_	
	(Florida str	eet addres	(S)				-	
N D	,		,		ni (1			
New Registered Office Address:		(City)		,	Florida	(Zip	Code)	
		. 27				•	,	
New Registered Agent's Signature, if changing Regi								
hereby accept the appointment as registered agent.	am familiar v	with and e	accept the	obligations	of the p	osition.		
	iture of New R							

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.

Example: X Change	<u>PT</u>	John Do	<u>oe</u>	
X Remove	<u>v</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
1) Change		_		
Add				
Remove				
2) Change				
Add		_		
Remove				
3) Change				
Add		_		
Remove				
4) Change				
Add		_		· · · · · · · · · · · · ·
Remove				
5) Change		_		
Add				
Remove				
6) Change		_		
Add				
Pomovo				

(Attach ad	ng or adding addition ditional sheets, if nec	essary). (I	3e specific)					
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lf an amei	ndment provides for	an exchang	e. reclassific	ation, or car	ncellation of	issued shares	i _	
provision	is for implementing	the amendn	nent if not co	ntained in t	he amendme	nt itself:		
(if no	ot applicable, indicate	? N/A)						
A								
		 						
								
								

	doption:	, if other than the
date this document was signed.	•	
Effective date if applicable:	(no more than 90 days after amendment file date)	
Note: If the date inserted in this be document's effective date on the De	block does not meet the applicable statutory filing requirements, this date will repartment of State's records.	not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) officient for approval.	
	proved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were add action was not required.	opted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and shareholder	
AUGUST :	29, 2016	
DatedSignature	endber Mills	_
selected	irector, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary)	
	LINDSEY MILLS	
	(Typed or printed name of person signing)	***************************************
	PRESIDENT	
	(Title of person signing)	