

P8000099642

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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(Business Entity Name)

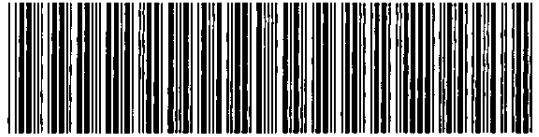
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2009 JUL 13 PM 2:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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7-17-09

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: ESTILOS SALON Y BELLEZA INC.

DOCUMENT NUMBER: P080000 99642

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

Please return all correspondence concerning this matter to the following:

Geovanny Sepulveda  
Name of Contact Person

INDESA  
Firm/ Company

6220 South Orange Blossom Trail, Suite 134  
Address

Orlando, FL 32809  
City/ State and Zip Code

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

For further information concerning this matter, please call:

Geovanny Sepulveda at (407) 536-1275  
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      ☐ \$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  
Tallahassee, FL 32301

Articles of Amendment  
to  
Articles of Incorporation  
of

ESTILOS SALON Y BELLEZA INC

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

908000099642

(Document Number of Corporation (if known))

FILED  
2009 JUL 13 PM 2:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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 name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."*

**B. Enter new principal office address, if applicable:**  
(Principal office address MUST BE A STREET ADDRESS)

N/A

**C. Enter new mailing address, if applicable:**  
(Mailing address MAY BE A POST OFFICE BOX)

N/A

**D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:**

Name of New Registered Agent:

N/A

New Registered Office Address:

(Florida street address)

\_\_\_\_\_, Florida  
(City) (Zip Code)

**New Registered Agent's Signature, if changing Registered Agent:**

*I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.*

N/A

Signature of New Registered 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)

| <u>Title</u> | <u>Name</u>            | <u>Address</u>                                                    | <u>Type of Action</u>                                                      |
|--------------|------------------------|-------------------------------------------------------------------|----------------------------------------------------------------------------|
| <u>Pres.</u> | <u>LILLIAN MARRERO</u> | <u>5772 STAFFORD SPRING</u><br><u>ORLANDO, FL. 32829</u>          | <input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove |
| <u>Pres.</u> | <u>JOHNNY ORRIN</u>    | <u>2674 WILLOW GLEN CIRCLE</u><br><u>KISSIMMEE, FLORIDA 34744</u> | <input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove |
| _____        | _____                  | _____                                                             | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
| _____        | _____                  | _____                                                             | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
| _____        | _____                  | _____                                                             | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |

**E. If amending or adding additional Articles, enter change(s) here:**

(attach additional sheets, if necessary). (Be specific)

N/A

**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)

N/A

The date of each amendment(s) adoption: 6/26/09

(date of adoption is required)

Effective date if applicable: 6/26/09

(no more than 90 days after amendment file date)

Adoption of Amendment(s) **(CHECK ONE)**

☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

☐ The amendment(s) was/were approved by the shareholders through voting groups. *The following statement must be separately provided 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/were adopted by the board of directors without shareholder action and shareholder action was not required.

☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated \_\_\_\_\_

Signature \_\_\_\_\_

(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)

Lillian MARRERO

(Typed or printed name of person signing)

President

(Title of person signing)