P08000108 159

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: TOO	COOL HAIR CA	ARE ENTE	ERPRISES CORP	
DOCUMENT NUMBER:	P0800010			
The enclosed Articles of Amendment and	fee are submitted for the	ling.		
Please return all correspondence concerni	ng this matter to the fol	lowing:		
OSMAR G	ONZALEZ			
	Name of (Contact Persor		
TOO COOI	L HAIR CARE	ENTER	PRISES CORP	
	Firm/	Company		
11685 COL	JNTY RD 951			
	A	ddress		
NAPLES, F	L 34116			
	City/ State	and Zip Code	:	
osmar_gonzale	ez2013@yaho	o.com	V	
E-mail address	s: (to be used for future	annual report	notification)	
For further information concerning this m	atter, please call:			
OSMAR GONZALEZ		. 239	, 784-4431	
Name of Contact Person	u	Area Co	de & Daytime Telephone Number	
Enclosed is a check for the following amo	ount made payable to the	e Florida Depa	rtment of State:	
□ \$35 Filing Fee □\$43.75 Filin Certificate o	f Status Certified	nal copy is	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Address Amendment Section Division of Corporation P.O. Box 6327 Tallahassee, F1, 32314	ıs	Amend Divisio Clifton	Address ment Section n of Corporations Building xecutive Center Circle	

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

TOO COOL HAIR CARE ENTERPRISES, CORP.

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

P0800108159	
(Document Number of Corporation	(if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this Articles of Incorporation;	s Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corporat	ion," "company," or "incorporated" or the abbreviation
"Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
,	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	五百万万万万万万万万万万万万万万万万万万万万万万万万万万万万万万万万万万万万
	. 59
D. If amending the registered agent and/or registered office ad new registered agent and/or the new registered office addre	
Name of New Registered Agent	55·
Name of New Negarited Agent	
(Florida .	street address)
New Registered Office Address: (Cit	v) (Zip Code)
	(inp code)
New Registered Agent's Signature, if changing Registered Agen	nt:
I hereby accept the appointment as registered agent. I am familia	
CV D	I to see Make week

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)

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.

<u>X</u> Change	<u>PT</u>	John Doe	
X Remove	$\underline{\mathbf{V}}$	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
I) Change	S	Yanelkis Leyva Morejon	4081 18Th Ave SE
Add			Naples, FL 34117
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)
NONE

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)
NONE

The date of each amendment(s) ad	lontion: 12/10/2017	, if other than the
date this document was signed.		,
Effective date if applicable:	12/10/2017	
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amendment(s) flicient for approval.	
	roved 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.	pted 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	
Dated 12/10/20)17	
Dated_12/10/20 / Signature		
(By a d selecte	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)	 -
	OSMAR GONZELEZ	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	