P09000018517

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
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O9 MAY - 6 MM 9: 23
SECRETARY OF STATE
ALLAHASSEE, FLORIE

Amend C.COULLIETTE

MAY 06 2009

EXAMINER

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: (FOI) S I	nspikalion 13	Enuly Supplying-
DOCUMENT NUMBER: P090001	8517	
The enclosed Articles of Amendment and fee are	submitted for filing.	
Please return all correspondence concerning this n	natter to the following:	
NADINE MATHI (Name of C	PS NAUDET. Contact Person)	
GOD'S INSPIRATE	ON BEAUTY SUP	plyINC.
1919 NE 1685#	ddress)	
NORTH MIAIME (City/State	BEACH FL,	33162
For further information concerning this matter, pla	ease call:	
NADINE MATHINS. N (Name of Contact Person)	at (<u>766</u>) <u>597-</u> (Area Code & Daytime Tel	ephone Number)
Enclosed is a check for the following amount mad	le payable to the Florida Departi	ment of State:
\$35 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	2



FLORIDA DEPARTMENT OF STATE Division of Corporations

April 24, 2009

GOD'S INSPIRATION BEAUTY SUPPLY, INC. 1919 NE 168 ST NORTH MIAMI BEACH, FL 33162

SUBJECT: GOD 'S INSPIRATION BEAUTY SUPPLY, INC.

Ref. Number: P09000018517

We have received your document for GOD 'S INSPIRATION BEAUTY SUPPLY, INC. and check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

If you wish to file this amendment with our office, you will need to complete the form in its entirity. I marked the places needing completion with red "X"'s.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6903.

Cheryl Coulliette Regulatory Specialist II

Letter Number: 509A00013844

009 HAY -5 AM 8: 00 SECRETARY OF STATE

> Placa - reum gar decumant electricitation with a copy of this leften within 30 days of gard 40 gards - countilitated abendonally

Articles of Amendment to Articles of Incorporation of

(Name of Corporation as currently mea	with the Florida Dept. of S	<u>taté</u>)
(Document Number of Co	rporation (if known)	
ursuant to the provisions of section 617.1006, Florida Stue following amendment(s) to its Articles of Incorporation		Profit Corporation adopts
. If amending name, enter the new name of the corp.	oration:	
he new name must be distinguishable and contain the bbreviation "Corp." or "Inc." "Company" or "Co." m		corporated" or the
Enter new principal office address, if applicable:		
Principal office address <u>MUST BE A STREET ADDRE</u>	<u></u>	
		HAY.
		SSE OF F
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
(Manning and Cost Delivery Bott)		19: 2 19: 2
		- 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3
. If amending the registered agent and/or registered		nter the name of the
new registered agent and/or the new registered off	<u>ice address:</u>	
Name of New Registered Agent:		
	(Florida street address)	
New Registered Office Address:		
New Registered Office Address:		, Florida
New Registered Office Address:	(City)	, Florida (Zip Code)
New Registered Office Address: New Registered Agent's Signature, if changing Registence hereby accept the appointment as registered agent. osition.	ered Agent:	(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)

<u>Title</u>	Name	<u>Address</u>	Type of Action			
<u>V.P</u>	Mame YUANE VILSON	1107 W Bis Canal Boad . Miamit, 33161	Add Remove			
<u></u>			☐ Add ☐ Remove			
			Add Remove			
E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)						

The date of each amendment	(s) adoption: X 4/07/09
Effective date <u>if applicable</u> :	
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/wer was/were sufficient for appr	re adopted by the members and the number of votes cast for the amendment(s) roval.
There are no members or n adopted by the board of dir	nembers entitled to vote on the amendment(s). The amendment(s) was/were ectors.
Dated 4/	07/09
Signature	July 11 - the chairman of the board, president or other officer-if directors
hav	the chairman or vice chairman of the board, president or other officer-if directors e not been selected, by an incorporator – if in the hands of a receiver, trustee, or court appointed fiduciary by that fiduciary)
	XNadine Mathias Naudet (Typed or printed name of person signing)
	X Prosidene (Title of person signing)

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