P0900030010

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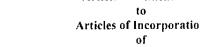
Amend Mend Man 11.19.14

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	EXCELSIO EXCELSIO PO	R HAIR AND SE	PA INC.		
The enclosed Articles	of Amendment and fee are sub	omitted for filing.			
Please return all correspondence concerning this matter to the following:					
	Lucy Staley				
		Name of Contact Persor	L		
	Excelsior Hair An	d Spa INC.			
		Firm/ Company			
	20733 NW 2nd Ave.				
		Address			
	Miami Garden FL	. 33179			
		City/ State and Zip Code			
tax	mother@aol.com				
	_	ed for future annual report	notification)		
For further informatio	n concerning this matter, pleas	e call:			
Lucy Staley		at (305	, 623-1080		
Name	of Contact Person		de & Daytime Telephone Number		
Enclosed is a check for the following amount made payable to the Florida Department of State:					
■ \$35 Filing Fee	☐S43.75 Filing Fee & Certificate of Status	□S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Ame Divi P.O	ling Address endment Section sion of Corporations Box 6327 nhassee, FL 32314	Amend Divisio Cliffon 2661 E	Address Iment Section on of Corporations Building xecutive Center Circle assee, FL 32301		

Articles of Amendment to Articles of Incorporation of



EXCELSIOR HAIR AND SPA INC	*10
(Name of Corporation as currently filed with the	Florida Dept. of State)
P09000030076	
(Document Number of Corporation ((if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s) t
A. If amending name, enter the new name of the corporation:	
Same as above	The new
name must be distinguishable and contain the word "corporation "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:	3520 NW 197th Street
(Principal office address MUST BE A STREET ADDRESS)	Miami Garden FL.
	33056
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	3520 NW 197th Street
(Sharing maress MAY DE AT OST OTTTOE BOA)	Miami Garden FL.
	33056
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address	
Name of New Registered Agent Lucy Staley	
/Fluida ii	treet address)
None Registered Office, Address: 861 NW 171st	•

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.

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 <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> <u>Jol</u>	nn Doe	
X Remove	<u>V</u> <u>M</u> i	ke Jones	
X Add	<u>sv</u> <u>Sa</u>	Hy Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	PT	Brenda D. Powell	3520 NW 197th Street
Add			Miami Garden, FL.
Remove			33167
2) Change	CEO	Shanrika Duhart	3520 NW 197th Street
Add			Miami Garden, FL.
Remove			33167
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)
I would like to remove Brenda D. Powell as, President and Treasury and from the
Corporation all together and replace Shanrika Duhart as President/Treasury and Owner
of the Business.
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
N/A

The date of each amendment date this document was signed.	(s) adoption: 10/24/2014	, if other than the
_	10/24/2014	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	_
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/wer by the shareholders was/we	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.	
	re approved by the shareholders through voting groups. The following statement ad for each voting group entitled to vote separately on the amendment(s):	
"The number of votes	s east for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
The amendment(s) was/wer action was not required.	re adopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/wer action was not required.	re adopted by the incorporators without shareholder action and shareholder	
Dated_10/2	24/2014	
Signature 🔽		·
	By a director, president or other officer – if directors or officers have not been	
	elected, by an incorporator – if in the hands of a receiver, trustee, or other court oppointed fiduciary by that fiduciary)	
	Brenda D. Powell	
	(Typed or printed name of person signing)	_
	President/Treasury	
	(Title of person signing)	