

PO9000030224

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

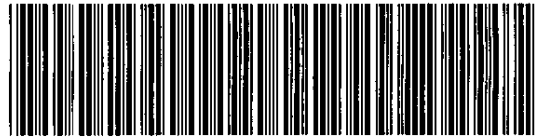
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*Amis*

FILED

09 SEP 17 PM 3:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Roberts SEP 17 2009



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 28, 2009

MAHMOUD BABIKIR  
A&L MULTI SERVICES INC  
2650 NW 38TH ST  
BOCA RATON, FL 33434

SUBJECT: DECO ART BEAUTY SUPPLY INC  
Ref. Number: P09000030224

We have received your document for DECO ART BEAUTY SUPPLY INC and your check(s) totaling \$35.00. However; the enclosed document has not been filed and is being returned for the following correction(s):

If the corporation is a **PROFIT** corporation it must be signed 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.

If the corporation is a **NOT FOR PROFIT** corporation it must be signed by the chairman or vice chairman of the board, president or other officer - if directors have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.

The capacity of the officer/director signing should be indicated. Ex. President, Vice President, Chairman of the Board, etc.

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) 245-6892.

Tina Roberts  
Regulatory Specialist II

Letter Number: 109A00028981

RECEIVED  
2009 SEP 17 AM  
TARY OF STATE  
ASSEC FL 1101

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** DECO ART BEAUTY SUPPLY INC

**DOCUMENT NUMBER:** P09000030224

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

Please return all correspondence concerning this matter to the following:

MAHMOUD BABIKIR

Name of Contact Person

A&L MULTI SERVICES INC

Firm/ Company

2650 NW 38TH STREET

Address

BOCA RATON, FL 33434

City/ State and Zip Code

ROMABAB@BELLSOUTH.NET

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

For further information concerning this matter, please call:

MAHMOUD BABIKIR

Name of Contact Person

at ( 561 )

445-8265

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

DECO ART BEAUTY SUPPLY INC

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

PO9000030224

(Document Number of Corporation (if known))

FILED  
09 SEP 17 PM 3:29  
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:

N/A

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)

2100 45th ST. #B27

WEST PALM BEACH, FL 33407

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

SAME

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:

SAYED ELTAHIR

New Registered Office Address:

8742 SW 21st CT

(Florida street address)

MIRAMAR

(City)

Florida

(Zip Code)

FL 33025

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)*

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>PRES</u>	<u>SAYED ELTAHIR</u>	<u>2100 45TH ST #B27</u> <u>WEST PALM BEACH, FL 33407</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>PRES</u>	<u>NAGIE TAHIR</u>	<u>297 SE VERADA AVE</u> <u>PORT ST LUCIE, FL 34983</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>          </u>	<u>                                  </u>	<u>                                  </u>	<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

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

**ARTICLE IV : THE NUMBER OF AUTHORIZED SHARES TO ISSUE WAS INCREASED**  
FROM 1 SHARE TO 100 SHARES.

**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: JULY 1, 2009

Effective date if applicable: JULY 1, 2009 *(date of adoption is required)*  
*(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):*

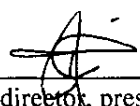
"The number of votes cast for the amendment(s) was/were sufficient for approval

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 7/01/09

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)

X NAGIE TAHIR  
(Typed or printed name of person signing)

X PRESIDENT  
(Title of person signing)