

P09000032524

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6380

From:

Account Name : ACCOUNTING REVENUE SERVICE, INC.
Account Number : I20110000041
Phone : (305) 887-8730
Fax Number : (305) 887-8744

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

**COR AMND/RESTATE/CORRECT OR O/D RESIGN
AMBIENCE SALON PROFESSIONALS, CORP.**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

RECEIVED

11 SEP 23 AM 9:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2011 SEP 23 PM 3:20

FILED

Tbrown 9-23-11

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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: AMBIENCE SALON PROFESSIONALS, CORP.

DOCUMENT NUMBER: P09000032524

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

Please return all correspondence concerning this matter to the following:

ROSA DEUS

Name of Contact Person

AMBIENCE SALON PROFESSIONALS, CORP.

Firm/ Company

8701 COLLINS AVE

Address

MIAMI BEACH FL 33154

City/ State and Zip Code

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

For further information concerning this matter, please call:

ROSA DEUS

Name of Contact Person

at (305)

3385324
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

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Articles of Amendment
to
Articles of Incorporation
of

AMBIENCE SALON PROFESSIONALS, CORP.

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

P09000032524

(Document Number of Corporation (if known))

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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**)

C. Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

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:

ROSA DEUS

New Registered Office Address:

8701 COLLINS AVE

(Florida street address)

MIAMI BEACH

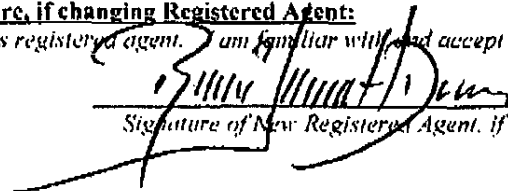
(City)

Florida 33154

(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.


Signature of New Registered Agent, if changing

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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>
PD	MARIA D ALARCON	700 BILTMORE WAY, STE 405 CORAL GABLES FL 33134	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
PD	ROSA DEUS	700 BILTMORE WAY, STE 405 CORAL GABLES FL 33134	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

F. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary). (Be specific)

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)

ROSA DEUS	PRESIDENT	100% SHAREHOLDER

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The date of each amendment(s) adoption: 09/22/2011
(date of adoption is required)

Effective date if applicable: 09/22/2011
(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):

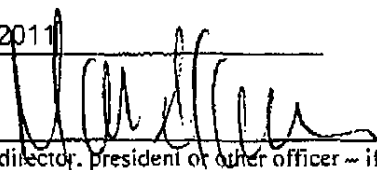
"The number of votes cast for the amendment(s) was/were sufficient for approval

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 09/22/2011

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)

MARIA D ALARCON

(Typed or printed name of person signing)

PRESIDENT


(Title of person signing)

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ATTACHMENT #1

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, I HEREBY AM FAMILIAR WITH AND ACCEPT THE DUTIES AND RESPONSABILITIES AS REGISTERED AGENT, PRESIDENT AND DIRECTOR OF SAID CORPORATION, AND I HEREBY WITH THE PROVISIONS OF ALL STATUTES TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES.

PRINT NAME ROSA DEUS
SIGNATURE 
DATE 09/22/2011

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