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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORAT	P0000003607		IR STYING, INC
The enclosed Articles of A	Amendment and fee are sub	omitted for filing.	
Please return all correspor	ndence concerning this mat	ter to the following:	
Y	OMAIRA PAYEI	RO	
		Name of Contact Person	
		Firm/ Company	
15	5135 NW 10 CC		
	IAMI EL 224CO	Address	
<u>IVI</u>	IAMI, FL. 33169	City/ State and Zip Code	
	•		
:	E-mail address: (to be us	ed for future annual report	notification)
For further information co	ncerning this matter, pleas	e call:	
YOMAIRA PAY	′ERO	_{at (} 786	, 343-1781
Name of C	ontact Person	Area Coo	de & Daytime Telephone Number
Enclosed is a check for th	e following amount made p	payable to the Florida Depa	rtment of State:
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Amendr Division P.O. Bo	e Address ment Section of Corporations x 6327 ssee, FL 32314	Amend Divisio Clifton 2661 E.	Address ment Section n of Corporations Building xecutive Center Circle ssee, FL 32301

Articles of Amendment Articles of Incorporation 13 MAR - 8 PH 100 TALLAMASSLE FLORIDA

YOMAIRA DOMINICAN HAIR STYING INC

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

P09000036079

(Document Number of Corporation (if known)

lment(s) to

A. If amending name, enter the new name of th	
A. Mainending name, enter the new hance of the	ne corporation:
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "Cword "chartered," "professional association," or	word "corporation," "company," or "incorporated" or the abbre Corp," "Inc," or "Co". A professional corporation name must con- the abbreviation "P.A."
B. Enter new principal office address, if applicate the Astract American American American American Principal office address MUST BE A STREET American Ameri	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<u>BOX</u>)
D. If amending the registered agent and/or reg	ristered office address in Florida, enter the name of the
D. If amending the registered agent and/or reginew registered agent and/or the new registe	ristered office address in Florida, enter the name of the cred office address:
	ered office address:
new registered agent and/or the new registe	ered office address:
new registered agent and/or the new registe Name of New Registered Agent	(Florida street address)
new registered agent and/or the new registe Name of New Registered Agent	ered office address:
new registered agent and/or the new registe Name of New Registered Agent New Registered Office Address: New Registered Agent's Signature, if changing	(Florida street address) , Florida (City) (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)

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.

X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	<u>V</u>	WAILLY DE LEON	unknown
Add			
Remove			.
2) Change			-
Add			
Remove			
3) Change			
Add			
Remove			
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an amendment provi rovisions for implem (if not applicable, i	enting the ame indicate N/A)	ndment if not cont:		JACIN ASCIT	
rovisions for impleme	enting the ame indicate N/A)	ndment if not cont:		Jacan Astri	
rovisions for impleme	enting the ame indicate N/A)	ndment if not cont:		·	

The date of each amendment(s) a	doption: 3-4-13
Effective date if applicable: 3-	5-13
<u></u>	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
The amendment(s) was/were add by the shareholders was/were st	opted by the shareholders. The number of votes cast for the amendment(s) ufficient for approval.
	proved by the shareholders through voting groups. The following statement reach 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)
	(voting group)
action was not required. ☐ The amendment(s) was/were ad-	opted by the board of directors without shareholder action and shareholder opted by the incorporators without shareholder action and shareholder
action was not required. Dated	-4-13 July
(By acc selecte	director, president or other officer - if directors or officers have not been ed, by an incorporator - if in the hands of a receiver, trustee, or other court ated fiduciary by that fiduciary)
	YOMAIRA PAYERO
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)