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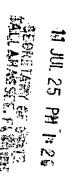
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My John

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORF	PORATION: RICADONNA SALON & SUPPLY, INC				
DOCUMENT NU	MBER:		P0900004	14739	
The enclosed Artic	les of Amendment and	fee are submitte	ed for filing.		
Please return all co	rrespondence concerning	ng this matter to	the following:		
		MARCELA JA			
		Name of Cont	act Person		
_	RICAD	ONNA SALOI	N & SUPPLY,	INC	
		Firm/ Cor	npany		
_	150 N. STATE ROAD 7				
		Addre	ss		
_		, FL. 33021			
		City/ State and	Zip Code		
	E-mail address: (to b	RCORP@AO	L.COM nnual report notifi	ication)	_
For further informa	tion concerning this ma	itter, please call	:		
JULIC	C. DE LOS RIOS	at (954)	816-4119)
Name	of Contact Person			ytime Telephone Ni	umber
Enclosed is a check	for the following amou	unt made payab	le to the Florida	a Department of	State: ,
☑ \$35 Filing Fee	\$43.75 Filing Fee & Certificate of Status	Cer	.75 Filing Fee & tified Copy . ditional copy is end	Certi closed) Certi	0 Filing Fee ficate of Status fied Copy itional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amen Divisi Clifto	t Address dment Section on of Corporati n Building Executive Cent		

Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation of

RICADONNA SALON & SUPPLY, INC

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

P09000044739		
(Document Number of Corpora	10 Mg.	
Pursuant to the provisions of section 607.1006. Florida Statuamendment(s) to its Articles of Incorporation:	utes, this <i>Florida Profit Corporatio</i>	n adopts the follow
A. If amending name, enter the new name of the corporati	on:	
·		The new
name must be distinguishable and contain the word "cor abbreviation "Corp.," "Inc" or Co" or the designation "C name must contain the word "chartered." "professional assoc	Corp," "Inc," or "Co". A professi	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	150 N. STATE ROAD 7	UITE B
11 meipui ojjice uuuress <u>MOSI BE A SIREEI ADDRESS</u>)	HOLLYWOOD, FL. 33021	
		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	DLR ACCOUNTING CORP	
	5743 HOLLYWOOD BLVD HOLLYWOOD, FL. 33021	
D. If amending the registered agent and/or registered offic		ne of the
new registered agent and/or the new registered office ac	ldress:	
Name of New Registered Agent:		
New Registered Office Address: (Flor	(Florida street address)	
	, Florida_	
(City,		
New Registered Agent's Signature, if changing Registered A	Agent:	
hereby accept the appointment as registered agent. I am fam	iliar with and accept the obligations	of the position.
Signature of New	Registered Agent, if changing	

The date of each amendmen	· / I
Effective date if applicable:	(date of adoption is required)
in apprendic	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
	ere adopted by the shareholders. The number of votes cast for the amendment(s vere sufficient for approval.
	ere approved by the shareholders through voting groups. The following stateme ed 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)
action was not required.	ere adopted by the board of directors without shareholder action and shareholder ere adopted by the incorporators without shareholder action and shareholder
Dated_7/1/2	
sele	a director, president or other officer – if directors or officers have not been ected, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)
	MARCELA JARAMILLO
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)