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Special Instructions to I	Filing Officer:	



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## **COVER LETTER**

**€** 10 € 10

SUBJECT: CRAZY BEAUTY TEKSTILE CORPORAT Name of Corporation				
DOCUMENT NUMBER: <u>PO 9000054340</u>				
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
•				
MENDERES DENTIR  Name of Contact Person				
Name of Contact Person				
VENUS SALON Firm/Company				
Firm/Company				
124 5 Federal Hyway Address				
Pompono Beach FL 33062 City/State and Zip Code				
yolundasenin Dyahoo. com				
E-mail address: (to be used for future annual report notification)				
2,				
For further information concerning this matter, please call:				
X11 for Analy 7511, 310 86711				
Name of Contact Person at (754) 368 3674  Area Code & Daytime Telephone Number				
Enclosed is a \$35.00 check made payable to the Department of State.				
Mailing Address:  Amendment Section  Street Address:  Amendment Section  Amendment Section				
Division of Corporations  Amendment Section  Amendment Section  Division of Corporations				
P.O. Box 6327 Clifton Building				
Tallahassee, FL 32314 2661 Executive Center Circle				

Tallahassee, FL 32301

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TO: Amendment Section Division of Corporations



August 14, 2009

Menderes Denir Venus Salon 124 S. Federal Highway Pompano Beach, FL 33062

SUBJECT: CRAZY BEAUTY TEKSTILE CORPORATION

Ref. Number: P09000054340

We have received your document for CRAZY BEAUTY TEKSTILE CORPORATION and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Articles of Correction must be filed within 30 days of the file date of the document that is being corrected. As the time period for filing Articles of Correction has expired, an amendment to the articles of incorporation could be filed at this time.

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6907.

Letter Number: 909A00027786

Annette Ramsey
Regulatory Specialist II

Division of Cornerations - P.O. ROX 6327 Tallahassee, Florida 32314

## Articles of Amendment to Articles of Incorporation of

FILED

CRAZY BEAUT	Y TEKSTÎ	LE CORPUSASAPHION	/	
(Name of Corporation as current	ly filed with the Florid	da Dept. of State BECRETARY OF STATE	1	
<u> </u>		IAI JAHAGGEE ELABIA.	į	
(Document Number	er of Corporation (if kno	own)		
Pursuant to the provisions of section 607.1006, amendment(s) to its Articles of Incorporation:	Florida Statutes, this F	Florida Profit Corporation adopts the follo	wing	
A. If amending name, enter the new name of the	ne corporation:			
$oldsymbol{\mathbb{C}}$		The new		
name must be distinguishable and contain the abbreviation "Corp.," "Inc.," or Co.," or the de name must contain the word "chartered," "profes	esignation "Corp," "Inc	ic,".or "Co". A professional corporation		
B. Enter new principal office address, if applic (Principal office address MUST BE A STREET)	able: 121 ADDRESS)	4 S Federal Hyw q npano Beach F(	- 1	
·	•	33062	<b>-</b>	
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 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:		, , , , , , , , , , , , , , , , , , ,		
_	(7)			
New Registered Office Address:	(Florida street	address)		
<u> </u>		, Florida		
	(City)	(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.				
Sign	nature of New Registere	red 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)

**Title** Name. Type of Action MENDERFS DEMIR ☐ Remove CUMHUR DEMÎR Nilufer ADAK Vρ 1839 NEUgthct 3 Add ☐ Remove Add Remove E. 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)

The date of each amendmen	t(s) adoption: 08-01-69 (date of adoption is required)
	(date of adoption is required)
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)
	• C • •
Adoption of Amendment(s)	(CHECK ONE)
	ere adopted by the shareholders. The number of votes cast for the amendment(s) were sufficient for approval.
	ere approved by the shareholders through voting groups. The following statement 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	<u> </u>
,	(voting group)
The amendment(s) was/we action was not required.	ere adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/we action was not required.	ere adopted by the incorporators without shareholder action and shareholder
Dated <u></u>	8-01-09
Signature _ (B	y a director, president or other officer – if directors or officers have not been
. sel	ected, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)
:	Menderes Demic (Typed or printed name of person signing)
	Owner (President)