

Division of Corporations

Page 1 of 1

PO9000068692

Florida Department of State
Division of Corporations
Public Access System
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H09000183953 3)))



H090001839533ABC5

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

From:
Account Name : INDEPENDENT TAX SERVICE
Account Number : 120020000072
Phone : (305) 887-0001
Fax Number : (305) 884-6444

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2009 AUG 18 AM 9:26

FILED

COR AMND/RESTATE/CORRECT OR O/D RESIGN**JOSEMMA BEAUTY SALON CORP.**

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

Armed

Electronic Filing Menu

Corporate Filing Menu

Help

8-19-09

08/18/2009 15:18 FAX 3058846444
850-617-6381

INDEPENDENT TAX SERVICE

001/006

8/18/2009 3:08:32 PM PAGE 1/001 Fax Server



August 18, 2009

FLORIDA DEPARTMENT OF STATE
Division of Corporations

JOSEMMMA BEAUTY SALON CORP.
9 SE 1ST AVE.
HIALEAH, FL 33010

SUBJECT: JOSEMMMA BEAUTY SALON CORP.
REF: PD9000068692

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

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.

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) 245-6908.

Sylvia Gilbert
Regulatory Specialist II

FAX Aud. #: B09000183953
Letter Number: 609A00028035

RECEIVED
2009 AUG 18 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

P.O BOX 6327 - Tallahassee, Florida 32314

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: JOSEMMA BEAUTY SALON CORP.

DOCUMENT NUMBER: P09000068692

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

Please return all correspondence concerning this matter to the following:

ALFONSO GUTIERREZ

Name of Contact Person

JOSEMMA BEAUTY SALON CORP.

Firm/ Company

9 SE 1ST AVE.

Address

HALEAH, FL. 33010

City/ State and Zip Code

AGVELARDE@LIVE.COM

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

For further information concerning this matter, please call:

ALFONSO GUTIERREZ

Name of Contact Person

at (786)

382-5831

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

FILED

2009 AUG 18 AM 9:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDAArticles of Amendment
to
Articles of Incorporation
of

JOSEMMA BEAUTY SALON CORP.

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

P09000068692

(Document Number of Corporation (if known))

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**)

5950 NE 191 TERR

MIAMI, FL. 33015

C. Enter new mailing address, if applicable:
(Mailing address **MAY BE A POST OFFICE BOX**)

5950 NE 191 TERR

MIAMI, FL. 33015

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:New Registered Office Address:

(Florida street address)

(City)

_____, Florida
(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

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>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<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)

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 amendment(s) adoption: 08/18/2009

Effective date if applicable: 08/18/2009 (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 08/18/2009

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)

ALFONSO GUTIERREZ

(Typed or printed name of person signing)

VICE PRESIDENT

(Title of person signing)