PADDOAD344

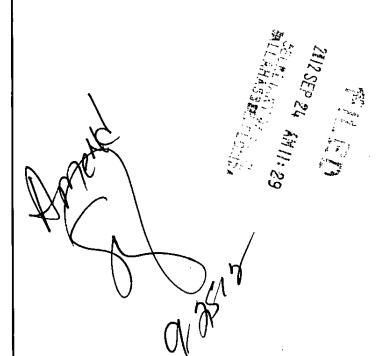
(Re	questor's Name)	
(Ad	dress)	<u> </u>
(Ad	dress)	
(Cit	y/State/Zip/Phone	: #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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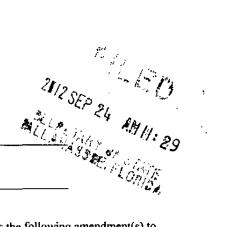
COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: SALON VA DOCUMENT NUMBER: P1000002034	SO II, INC. 4	
The enclosed Articles of Amendment and fee are sub-		
Please return all correspondence concerning this mat	· ·	
BESSIE SPIROU		
2	Name of Contact Persor)
SALON VASO II,	INC.	
	Firm/ Company	
1521 ALTON RD	# 96	
	Address	
MIAMI BEACH, F		
	City/ State and Zip Code	
SPIROUMIAMI@AOI	L.COM	
E-mail address: (to be use	ed for future annual report	notification)
For further information concerning this matter, please	e cali:	
BESSIE SPIROU	_{at (} 305	674-7470
Name of Contact Person		de & Daytime Telephone Number
Enclosed is a check for the following amount made p	ayable to the Florida Depa	rtment of State:
\$35 Filing Fee \$\text{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	Amend Divisio Clifton 2661 E	Address ment Section n of Corporations Building xecutive Center Circle ssee, FL 32301

Articles of Amendment **Articles of Incorporation**





SALON VASO II, INC.

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

P10000020344

(Document Number of Corporation (if known)

ndment(s) to

	644		
A. If amending name, enter the new na	ime of the corporation:		
			The n
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	tain the word "corporation," "company, ation "Corp," "Inc," or "Co". A profess tion," or the abbreviation "P.A."	" or "incorporated" or the abl sional corporation name must co	breviati ontain t
B. Enter new principal office address,	if applicable:		
Principal office address MUST BE A S			
			
7 10 4 15 mmH			
C. Enter new mailing address, if appli (Mailing address MAY BE A POST)	CADIE: OFFICE BOX)		
		· · · · · · · · · · · · · · · · · · ·	
	. 2/	autou the name of the	
new registered agent and/or the new	d/or registered office address in Florida, w registered office address:	enter the hame of the	
	BESSIE SPIROU		
Name of New Registered Agent			
	1521 ALTON RD # 96	<u>-</u>	
	(Florida street address)		
New Registered Office Address:	MIAMI BEACH	, Florida 33139	
A CONTROL OF CONTROL O	(City)	(Zip Code)	
New Registered Agent's Signature, if c	hanging Registered Agent:		
hereby accept the appointment as regist	lered agent. I am familiar with and accept	the obligations of the position.	
	11/25		
<u></u>	gnature of New Registered Agent, if changing	ng	

Page 1 of 4

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 <math>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.

Example: XChange	PT John	<u>Doe</u>	
X Remove	V Mike	e Jones	
X Add	SV Sally	Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	PST	MICHAEL H KAHL TRUSTEE	1521 ALTON RD # 96
Add			MIAMI BEACH, FL 33139
X Remove			
2) Change	PST	BESSIE SPIROU	1521 ALTON RD # 96
X			MIAMI BEACH, FL 33139
Remove			
3) Change			
Add			
Remove			
4) Change	 		
Add			
Remove			
5) Change			
Add	`.		
Remove			-
6) Change			
Add			
Remove			

ttach <i>addition</i>	nal sheets, if necessar	y). (Be specifi	c)			
					,	
			<u></u>			
				· · · · · · · · · · · · · · · · · · ·		
			· · · · · · · · · · · · · · · · · · ·			
an amendme	ent provides for an e	xchange, reclas	sification, or ca	ancellation of is	sued shares,	
<u>rovisions for</u>	<u>· implementing the a</u>	mendment if no	t contained in	the amendmen	t itself:	
(if not app	olicable, indicate N/A)				
					-7-1	
	<u> </u>					

				· · · · · · · · · · · · · · · · · · ·		

The date of each amendment(s) ad	loption:
Effective date if applicable:	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were ado by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) flicient for approval.
	proved by the shareholders through voting groups. The following statement 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)
	opted by the board of directors without shareholder action and shareholder
The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and shareholder
Dated SEPTE	EMBER 18TH, 2012
Signature	
By a d	irecter, president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary)
	BESSIE SPIROU
	(Typed or printed name of person signing)
	PST
	(Title of person signing)