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TALLAHASSEE. FLORIDA

2 Moberts OCT 2 2 2010

COVER LETTER

TO: Amendment Section .

Tallahassee, FL 32314

Division of Corporations NAME OF CORPORATION: 5 STAR HAIR CUT, CORP DOCUMENT NUMBER: __ The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Coral LEYGIEY
Name of Contact Person 5 STAR HAIT CUT, CORP Firm/Company 4500 NW 3 AVE Address FOTT CAUDETDAJE, FC 33309

City/ State and Zip Code Corysamora ool. com
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Name of Contact Person at (754) 234 1192

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 & ☐ \$43.75 Filing Fee & \$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) **Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations** P.O. Box 6327 Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment 10 OCT 21 PM 4: 04 Articles of Incorporation P100 000 25 11Z (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: 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) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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) , 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. hature 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>	Name	<u>Address</u>	Type of Action
<u>T</u>	Katherine Medrano) 80 NE 56 CT Fort lauderdale, Fl 33334	À Add □ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
	g or adding additional Articles, enter cl tional sheets, if necessary). (Be specific		
provisions	ndment provides for an exchange, recla s for implementing the amendment if no		
NA (I) not	applicable, indicate N/A)		

The date of each amendment(s) adoption:	9/15/20	10
Effective date if applicable:	9/15/2 ^{(dai}	te of adoption is requir	red)
Enective date in applicable.	(no more than 90 days	after amendment file	date)
Adomtion of Amondment(s)	(CHECK)	(ANE)	
Adoption of Amendment(s)	(CHECK)	<u>ONE</u>)	
The amendment(s) was/wer by the shareholders was/we			of votes cast for the amendment(s)
The amendment(s) was/wern must be separately provided			g groups. The following statement ately on the amendment(s):
"The number of votes of	ast for the amendment	(s) was/were sufficient	t for approval
by	(voting group)	,,,	
•	(voting group)		
The amendment(s) was/wer action was not required.	e adopted by the board	of directors without si	hareholder action and shareholder
The amendment(s) was/wern action was not required.	e adopted by the incorp	oorators without sharel	nolder action and shareholder
Dated	9/15/2010		
Signature	Contlegier	>	
(By selection	a director, president or	r - if in the hands of a	ctors or officers have not been receiver, trustee, or other court
	Coral	LEYGIEY printed name of perso	
	(Typed or	printed/name of perso	n signing)
	Preside	ent .	
	(Title of perso	n signing)	