

P100000029840

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

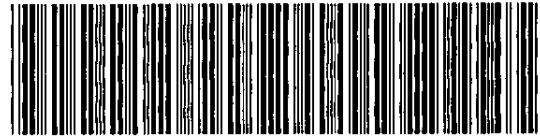
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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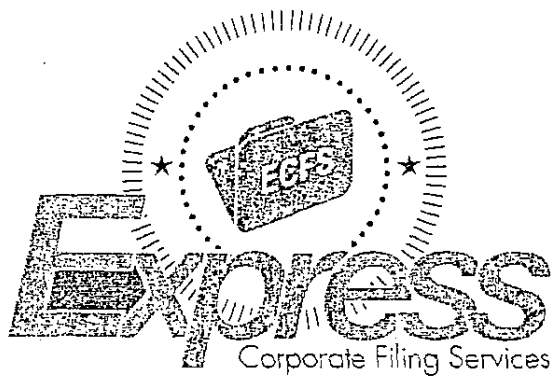
000237073590

08/23/12--01024--017 *175.00

2012 AUG 23 AM 11:46
SECRETARY OF STATE
CALLAHAN, ROBERT

2012 AUG 23 AM 11:46
SECRETARY OF STATE
DIVISION OF CORPORATIONS

Amend/Name chg
@ 8/23/12



1000 Ponce de Leon Blvd. Suite: 101
 Coral Gables, FL 33134
 Phone: 305 444 4994
 Email- filing@ecfsfiling.com

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. Happy Hair By Mayra, Inc
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

- Walk in Pick up time _____ Certified Copy
 Mail out Will wait Photocopy Certificate of Status

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input checked="" type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials HA

Articles of Amendment
to
Articles of Incorporation
of

HAPPY HAIR BY MAYRA, INC

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

P10000029840

(Document Number of Corporation (if known))

12 AUG 23 11:44
SECRETARY OF STATE
CORPORATION

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:

INTERNATIONAL BLOOD BANK SERVICES, INC

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)

ENRIQUE I. SOTOLONGO
1800 SW 27TH AVE, STE 300
MIAMI, FL 33145

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: ENRIQUE I. SOTOLONGO

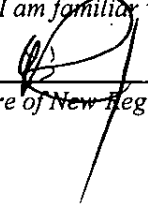
2400 NW 95TH AVE

New Registered Office Address: *(Florida street address)*

DORAL, Florida 33172
(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.



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>
<u>PD</u>	<u>ENRIQUE I. SOTOLONGO</u>	<u>2400 NW 95TH AVE</u> <u>DORAL, FL 33172</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>SD</u>	<u>JOSEPH ROSES</u>	<u>1800 SW 27TH AVE, STE # 300</u> <u>MIAMI, FL 33145</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>TREA.</u>	<u>JORGE L. HERNANDEZ</u>	<u>2400 NW 95TH AVE</u> <u>DORAL, FL 33172</u>	<input checked="" 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)

AMENDMENT ART. IV TO NOW READ:
THE NUMBER OF SHARES THE CORPORATION IS AUTHORIZED TO ISSUE
IS: 10,000,000 (TEN MILLIONS SHARES OF COMMON STOCK)

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)
N/A

The date of each amendment(s) adoption: 5/28/12

Effective date if applicable: 8/24/12 (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):

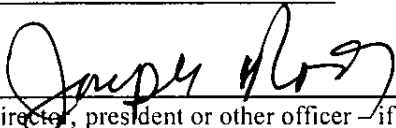
"The number of votes cast for the amendment(s) was/were sufficient for approval

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 8/17/12

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)

JOSEPH ROSE
(Typed or printed name of person signing)

DIRECTOR
(Title of person signing)