## P10000036907

(Re	equestor's Name)		
(Ac	idress)		
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(Ci	ty/State/Zip/Phone	e #)	
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(Bu	usiness Entity Nar	ne)	
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Amend

OCT 3 0 2012

T. BROWN

## **COVER LETTER**

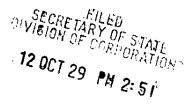
TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: AIDA'S BEA	AUTY HAIR SAL	LON CORP		
DOCUMENT NUM	<sub>BER:</sub> P1000003690	7			
The enclosed Articles	of Amendment and fee are su	bmitted for filing.			
Please return all corre	spondence concerning this ma	tter to the following:			
,	JOHN ALMONTE				
	·	Name of Contact Person	1		
	BROADWAY CPA SOLUTIONS				
		Firm/ Company			
	27 BROADWAY				
	The second secon	Address			
KISSIMMEE, FL 34741					
	City/ State and Zip Code				
	E well address (to be w	sed for future annual report	notification)		
	E-man address. (to be de	sed for future annual report	nonneanon)		
For further information	on concerning this matter, pleas	se call:			
	, 1				
John A	Almonte	at ( 407	de & Daytime Telephone Number		
Name	of Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment 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)		
	iling Address		Address		
	endment Section		Iment Section on of Corporations		
Division of Corporations P.O. Box 6327			Building		

Tallahassee, FL 32314

2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment Articles of Incorporation of



## AIDA'S BEAUTY HAIR SALON CORP

(Name of Corporation as currently filed with the Florida Dept. of State) P10000036907 (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." 909 8TH STREET B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) ST CLOUD, FL 34769 C. Enter new mailing address, if applicable: SAME (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 (Florida street address) New Registered Office Address: , Florida 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)

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 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: X Change	<u>PT</u>	John Do	2	
X Remove	<u>V</u>	Mike Jor	nes	
_X Add	<u>sv</u>	Sally Sm	<u>ith</u>	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	Address
I) Change		_		
Add				
Remove				
2) Change				
Add				
Remove				
3 ) Change				
Add		_	· · · · · · · · · · · · · · · · ·	
Remove				
A) Change				
4) Change				
Add				
Remove				
5) Change		<del>-</del>		
Add				
Remove				
6) Change				
Add		_		
Remove				

famending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
· · · · · · · · · · · · · · · · · · ·	
If an amandment arouides for an eval	hange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
· · · · · · · · · · · · · · · · · · ·	
· · · · · · · · · · · · · · · · · · ·	

The date of each amendment(s) adoption: 10/23/2012			
Effective date if applicable:	(		
(no more	than 90 days after amendment file date)		
Adoption of Amendment(s) (CHECK ONI	∑)		
The amendment(s) was/were adopted by the shareholde by the shareholders was/were sufficient for approval.	rs. The number of votes cast for the amendment(s)		
The amendment(s) was/were approved by the sharehold must be separately provided for each voting group entity.			
"The number of votes cast for the amendment(s) v	vas/were sufficient for approval		
by			
(voting group)			
☐ The amendment(s) was/were adopted by the board of diaction was not required.	rectors without shareholder action and shareholder		
The amendment(s) was/were adopted by the incorporate action was not required.	ors without shareholder action and shareholder		
Dated 10/23/2012			
Signature Aida S. K	mein		
(By a director, president or oth	ner officer - if directors or officers have not been		
selected, by an incorporator – appointed fiduciary by that fid	if in the hands of a receiver, trustee, or other court		
	•		
AIDA S RIVE	RA		
(Typed or p	printed name of person signing)		
PRESIDENT			
(Title of	person signing)		