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SECSETARY OF STATE OIVISION OF GORPORATIONS

COVER LETTER

TO: Amendment Section Division of Corporations							
NAME OF CORPORATION: GIOVANNA BEAUTY SALON, INC.							
DOCUMENT NUMBER: P10000044249							
•							
Please return all corre	spondence concerning this ma	tter to the following:					
	JACQUELINE AL	FONSO					
		Name of Contact Person]				
	GIOVANNA BEA	UTY SALON, IN	C.				
		Firm/ Company					
	10784 SW 24th STREET						
		Address					
	MIAMI, FL 33165						
		City/ State and Zip Code	2				
	E-mail address: (to be us	sed for future annual report	notification)				
For further informatio	n concerning this matter, pleas	se call:					
JACQUELIN	E ALFONSO	at (305	763-3406				
Name	of Contact Person	Area Co	de & Daytime Telephone Number				
Enclosed is a check for the following amount made payable to the Florida Department of State:							
■ \$35 Filing Fee	☐S43.75 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

Articles of Amendment to Articles of Incorporation of

GIOVANNA BEAUTY SALO			-
(Name of Corporation as curre P10000044249	ently filed with the Florida Dept. of S	<u>tate</u>)	
	iber of Corporation (if known)		-
Pursuant to the provisions of section 607.1006, its Articles of Incorporation:	•	prporation adopts the followin	g amendment(s) to
A. If amending name, enter the new name of	the corporation:		
N/A			_The new
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association,"	"Corp." "Inc," or "Co". A profession		
B. Enter new principal office address, if app (Principal office address MUST BE A STREE	licable: N/A		-
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)			DIVISION 12 A
(Maining audiess MAT BLATOST OF TR			PR 12 N
D. If amending the registered agent and/or r new registered agent and/or the new regis		nter the name of the	AN 10: 56
Name of New Registered Agent DA	NITZA MONTERO		·
641	16 SW 10th Terrace		
	(Florida street address)		
New Registered Office Address:	<u> </u>	, Florida 33144	_
<u></u>	(City)	(Zip Code)	•

I hereby accept the appointment as registered agent. 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 Doe	
X Remove	<u>v</u>	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
Change Add X Remove	PVST	JACQUELINE ALFONSO	4641 NW 5th STREET MIAMI, FL 33126
2) Change Add Remove	P	DANITZA MONTERO	6416 SW 10th TERRACE MIAMI, FL 33144
3) Change Add Remove			
4) Change Add Remove			
5) Change Add Remove	·	_	
6) Change Add Remove		_	

٠.	f amending or adding additional Articles, enter change(s) here: attach additional sheets, if necessary). (Be specific)
٧/	A
-	
,	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) ad	option: 04/02/2012
Effective date if applicable: 04/	02/2012
<u></u>	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
☐ The amendment(s) was/were adop by the shareholders was/were suf	pted by the shareholders. The number of votes cast for the amendment(s) ficient for approval.
	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):
"The number of votes east f	or the amendment(s) was/were sufficient for approval
by	(voting group)
The amendment(s) was/were adopted action was not required.	oted by the board of directors without shareholder action and shareholder
□ The amendment(s) was/were adopted action was not required.	oted by the incorporators without shareholder action and shareholder
Dated_04/02/2	4012 Hair veline
selected	retor 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 and iductory by that fiductory)
<u>.</u>	JACQUELINE ALFONSO
	(Typed or printed name of person signing)
<u> </u>	PRESIDENT
	(Title of person signing)