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Florida Department of State
Division of Corporations
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**COR AMND/RESTATE/CORRECT OR O/D RESIGN
ESTHETIC CENTER BEAUTY CONNECTIONS, INC.**

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December 23, 2014

FLORIDA DEPARTMENT OF STATE

Division of Corporations

ESTHETIC CENTER BEAUTY CONNECTIONS, INC

3901 NW 79TH AVE

219

MIAMI, FL 33166US

SUBJECT: ESTHETIC CENTER BEAUTY CONNECTIONS, INC

REF: P10000060160

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Please correct the document number on page 1. The document number should be P10000060160 instead of P0000060160.

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Annetta Ramsey
Regulatory Specialist II

FAX Aud. #: H14000294695
Letter Number: 014A00027128

RECEIVED
15 JAN -5 PM 8:00
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Articles of Amendment
to
Articles of Incorporation
of

2014 DEC 22 AM 11:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ESTHETIC CENTER BEAUTY CONNECTIONS, INC

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

PI0000060160

(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:**N/A**

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)****N/A****C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)****N/A****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** **N/A**

(Florida street address)

New Registered Office Address: **N/A**, 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.

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:

☒ Change PT John Doe

☒ Remove V Mike Jones

☒ Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) ☐ Change	VP	DANIELA NAVARRO	4548 NW 114TH AVE
☒ Add			APT 1701
☐ Remove			MIAMI FLORIDA 33178
2) ☐ Change			
☐ Add			
☐ Remove			
3) ☐ Change			
☐ Add			
☐ Remove			
4) ☐ Change			
☐ Add			
☐ Remove			
5) ☐ Change			
☐ Add			
☐ Remove			
6) ☐ Change			
☐ Add			
☐ Remove			

E. If amending or adding additional Articles, enter change(s) here:
(Attach additional sheets, if necessary). (Be specific)

[illegible]

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)

RECLASSIFICATION OF SHARES:

CLAUDIA A. LOZANO, 500 SHARES 50% OF BUSINESS OWNER

DANIELA NAVARRO. 500 SHARES 50% OF BUSINESS OWNER

[illegible]

The date of each amendment(s) adoption: 12/18/2014, if other than the date this document was signed.

Effective date if applicable: 12/18/2014
(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):

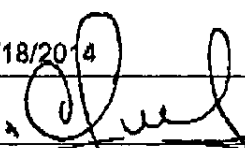
"The number of votes cast for the amendment(s) was/were sufficient for approval

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 12/18/2014

Signature 

(By 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)

CLAUDIA A. LOZANO

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)