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(Re	questor's Name)	
(Ad	dress)	
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(Do	cument Number)	
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SECRETARY OF STATE
DIVISION OF CORPORATION

AUG 1 3 2013

T. BROWN

COVER LETTER

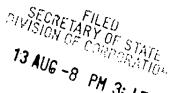
TO: Amendment Section

Division of Corporations				
NAME OF CORPORATION: MARY UNISEX SALON INC				
DOCUMENT NUMBER: P10000078121				
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
MAGNA				
MARIA MEDINA Name of Contact Person				
MARY UNISEX SALON INC Firm/ Company				
1206 W. STATE RD # 436				
Address				
ALTAMONTE SPRINGS, FL 32714				
City/ State and Zip Code				
METERSALIANO				
VASTEPSC VAHOO. COM E-mail address: (to be used for future annual report notification)				
((
For further information concerning this matter, please call:				
For further information concerning this matter, please call:				
DANIEL MASTOLA 371, QUQ-MG3				
DANIEL VASTOLA at (321) 948-0063 Name of Contact Person Area Code & Daytime Telephone Number				
Enclosed is a check for the following amount made payable to the Florida Department of State:				
■ \$35 Filing Fee Certificate of Status Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) (Additional Copy is enclosed)				
Mailing Address Street Address				
Amendment Section Amendment Section				
Division of Corporations P.O. Box 6327 Division of Corporations Clifton Building				

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

Articles of Amendment to Articles of Incorporation of



MARY UNI	SEX SA	LON	INC	3: 15
(Name of Corporation as c	urrently filed with	ı the Florid	la Dept. of State)	
PIO	000078	121		
	Number of Corpora		wn)	
Pursuant to the provisions of section 607.10 ts Articles of Incorporation:	06, Florida Statute	s, this <i>Flor</i> i	ida Profit Corporation	adopts the following amendment(s)
A. If amending name, enter the new nam	e of the corporati	on:		
				The new
name must be distinguishable and contain "Corp.," "Inc.," or Co.," or the designat word "chartered." "professional association	ion "Corp," "Inc,	" or "Co".	A professional corpo	porated" or the abbreviation
3. Enter new principal office address, if		_	·	·
Principal office address <u>MUST BE A STE</u>	(<u>EET ADDRESS</u>)	_		
		_		
C. Enter new mailing address, if applica (Mailing address MAY BE A POST OF				
(mailing data ess <u>milit Barri 1 001 01</u>	TICE BOX			
		_		
		_		
D. If amending the registered agent and	or registered offic	e address i	n Florida, enter the na	ame of the
new registered agent and/or the new	registered office a	ddress:		
Name of New Registered Agent	MARIA	MED	INA	
	411 <	EVIII.	- AVENUE	
-	(Flo.	rida street ad	E AVENUE ddress)	—
New Registered Office Address:	ALTAMOS	NTE :	SPRINGS, Florid	ia 32714
-		(City)		(Zip Code)
Now Desistant Assets St. 4				
New Registered Agent's Signature, if cha hereby accept the appointment as register	inging Registered ed agent. I am far	<u>Agent:</u> miliar with	and accept the obligation	ons of the position.
MARION	Salna -		,	
ZVIIIXX	ratura of Novu Pagir	<u> </u>	t if abayaiya	_

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 <math>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.

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>	Name	Address
1) Change	_P	MARIA CASTILLO	411 SEVILLE AVE
Add			ALTAMONTE SPRINGS, FL
X Remove			32714
2) Change	<u>P</u>	MARIA MEDINA	411 SEVILLE AVE
_X Add			ALTAMONTE SPRINGS, FI
Remove			32714
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change	- ,		
Add			
Remove			

ttach additional sheets,	if necessary).	icles, enter change(s) here: (Be specific)
		
		
		
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an amendment provid	les for an eych	hange, reclassification, or cancellation of issued shares,
<u>rovisions for impleme</u>	nting the amer	endment if not contained in the amendment itself:
(if not applicable, in	idicate N/A)	
• ••		

The date of each amendment(s) ad	option:	, if other than the
date this document was signed.		
Effective date if applicable:	(no more than 90 days after amendment file date)	
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were adop by the shareholders was/were suf	oted by the shareholders. The number of votes cast for the amendment(s) ficient for approval.	
	oved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast f	or the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were adopaction was not required.	oted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were adoption was not required.	oted by the incorporators without shareholder action and shareholder	
	AUGUST 67 2013	
Signature M	and	
(By a di	ector, 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	
app ointe	ed fiduciary by that fiduciary)	
_	MARIA MEDINA	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	