P100000 86337

(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	· #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nam	 ne)
(Do	cument Number)	·
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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M(Emend, 04/12/11



FLORIDA DEPARTMENT OF STATE Division of Corporations

March 16, 2011

LORETHA ROZIER SOUTHERN GLAMOUR, INC. 5973 BENT PINE DR. #2022 ORLANDO, FL 32822

SUBJECT: SOUTHERN GLAMOUR, INC.

Ref. Number: P10000086337

We have received your document and check(s) totaling \$44.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

If the corporation is a <u>PROFIT</u> corporation it must be signed 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.

If the corporation is a **NOT FOR PROFIT** corporation it must be signed by the chairman or vice chairman of the board, president or other officer - if directors have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6906.

Darlene Connell Regulatory Specialist II

> 1 APR -8 PM S ECRETARY OF SI LLAHASSEE, FL

Letter Number: 211A00006370

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORP	PORATION:	Southern Glamour, In-	<u>c.</u>
DOCUMENT NU	MBER:	P0000086337	<u></u>
The enclosed Artic	les of Amendment and fee a	re submitted for filing.	
Please return all co	rrespondence concerning thi	is matter to the following:	
		Loretha Rozier	
	N	lame of Contact Person	
	Sou	ithern Glamour, Inc.	
- -		Firm/ Company	, (1
	5973	Bent Pine dr. #2022	
-		Address	
_		Orlando,Fl 32822	
	C	ity/ State and Zip Code	
	rlore: E-mail address: (to be use	tha5@aol.com d for future annual report notification)	
For further informa	tion concerning this matter,	please call:	
L	oretha Rozier	at (407) 5 Area Code & Daytime Tel	06-3188
Name	of Contact Person	Area Code & Daytime Tel	ephone Number
Enclosed is a check	for the following amount m	nade payable to the Florida Depar	tment 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)
Mailing Ad	dress	Street Address	

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

			7
(Name of Corporation as currently filed wi	th the Florida D	ept. of State)	
Southern Glamou	r, Inc.		· ·
(Document Number of Corpo	ration (if known)		
ursuant to the provisions of section 607.1006, Florida Stanendment(s) to its Articles of Incorporation:	atutes, this <i>Floria</i>	da Profit Corporatio	n adopts the follo
. If amending name, enter the new name of the corpora	tion:		
Southern Glamour I	Of, Inc.		The new
ame must be distinguishable and contain the word "contain the word "cobreviation "Corp.," "Inc.," or Co.," or the designation the must contain the word "chartered," "professional asso	"Corp," "Inc," a	or "Co". A professio	orated" or the onal corporation
Enter new principal office address, if applicable:	5973 Bent	Pine dr. #2022	
Principal office address <u>MUST BE A STREET ADDRESS</u>	Orlando,Fl	32822	
	77.70.44		
. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		Pine dr. #2022	
	<u>Orlando,Fl</u>	32822	
P. If amending the registered agent and/or registered office and registered agent and/or the new registered office and registered agent:		orida, enter the nam	e of the
New Registered Office Address: (Fl	orida street addr	ess)	
		, Florida_	
(Ci	ty)	(Zip Code)	
New Registered Agent's Signature, if changing Registered hereby accept the appointment as registered agent. I am fa	l Agent: imiliar with and a	(Zip Code) accept the obligations	of the position
Signature of No	ew Registered Ag	ent 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)

Title	<u>Name</u>	Address	Type of Action
<u>V.P</u>	Terri Rozier Singleton	5973 Bent Pine dr. #2022 Orlando.Fl 32822	☑ Add □ Remove
	Ladawn Wyatt-Pierre	5973 Bent Pine dr. #2022 Orlando,Fl 32822	
	nding or adding additional Articles, e additional sheets, if necessary). (Be s		
			
provis	imendment provides for an exchange ions for implementing the amendmen not applicable, indicate N/A)		
			

The date of each amendment(s	s) adoption: 10/2//10
TOTAL ALCOHOLIS	(date of adoption is required)
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)
	(no more than 90 days after amenament fite date)
•	
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were by the shareholders was/wer	e adopted by the shareholders. The number of votes cast for the amendment(s) re sufficient for approval.
	e approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):
"The number of votes ca	ast for the amendment(s) was/were sufficient for approval
by	19
((voting group)
The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder
Dated_10/27	
Signature	Rlyin
selec	director, president or other officer – if directors or officers have not been ted, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)
	Loretha Rozier
	(Typed or printed name of person signing)
	President
	(Title of person signing)