P10000095891

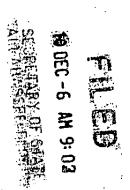
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Art. Art. Correction 12-8-10

COVER LETTER

TO:

Amendment Section Division of Corporations

OADADIANA DEALITY OAL ON ING			
SUBJECT: CADARIANA BEAUT	Name of Corporation		
DOCUMENT NUMBER: P1000009	5891		
The enclosed Articles of Correction and	fee are submitted for filing.		
Please return all correspondence concern	ing this matter to the following:		
HECTOR ABRAHAM			
Name of Contact Person			
TAX & ACCOUNTING SOLUTIONS			
Firm/Company			
5448 HOFFNER AVE SUITE 108			
Address			
ORLANDO, FL 32812			
City/State and Zip Code			
HABRAHAM5@YAHOO.COM E-mail address: (to be used for future annual	report notification)		
For further information concerning this n	natter, please call:		
HECTOR ABRAHAM Name of Contact Person	at (407) 277-8668 Area Code & Daytime Telephone Number		
Name of Contact Person	Area Code & Daytime Telephone Number		
Enclosed is a check for the following amo	ount:		
✓ \$35.00 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status		
\$43.75 Filing Fee & Certified Copy	\$52.50 Filing Fee, Certificate of Status & Certified Copy		
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 CORRECTION

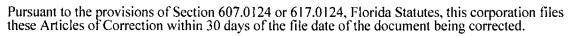
for

CADARIANA BEAUTY SALON INC

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

P10000095891

Document Number (if known)



These articles of correction correct <u>ELECTRONIC ARTICLES OF INCORPORATION</u>, (Document Type Being Corrected)

filed with the Department of State on NOVEMBER 23, 2010 (File Date of Document)	·
Specify the inaccuracy, incorrect statement, or defect:	
ANA MENDEZ (ARTICLE V, VI, VII)	
5407 KIGFISH ST (ARTICLE II)	
Correct the inaccuracy, incorrect statement, or defect: ANA MENDOZA	
5407 KINGFISH ST	
(Signature of a director, seesident of other officer) it directors or officers have not been selected, by an incorporator - if in the hands of the receiver, trustee, or other court appointed fiduciary, by that fiduciary.)	
ANA MENDOZA	PRESIDENT

Filing Fee: \$35.00

(Typed or printed name of person signing)

PRESIDENT (Title of person signing)