P. 10000101669

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
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(Bu	siness Entity Nar	me)
(Do	cument Number)	
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COVER LETTER - ·

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORA	ATION: ALBE	auty Saloni	Puma BARBER S	hop, coe
DOCUMENT NUMBE	r: <u>P10000</u>	101669		
The enclosed Articles of	Amendment and fee are su	bmitted for filing.		
Please return all corresp	ondence concerning this mat	tter to the following:		
_	AL BEAUTY	Name of Contact Person Salon Dun Firm/ Company	Buebee shop Blud	coep
_	Die	Address ami FC 32 City/ State and Zip Code	3144	
	E-mail address: (to be us	sed for future annual report	notification)	
For further information	concerning this matter, pleas	se call:		
	Contact Person C)de & Daytime Telephone Number artment of State:	_
S35 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)	
Amen Divisi	ng Address dment Section on of Corporations Box 6327	Amend Divisio	Address ment Section or of Corporations Building	

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment

to

Articles of Incorporation of

AL BEAUTY SALOM PUMA	
(Name of Corporation as currently	filed with the Florida Dept. of State)
P10000101669	
	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>I</i> its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Coword "chartered." "professional association," or the abbreviation "inc."	" "company," or "incorporated" or the abbreviation [o". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	752 W FLAGAMI BLVD Lliami FL 33144
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	752 W FLAGAMI BLVD MICMI, FL 83144
D. If amending the registered agent and/or registered office address: new registered agent and/or the new registered office address:	
Name of New Registered Agent JANIER G	onzalez
	3W 115 AUE
Now Registered Office Address:	City) . Florida 33170 (Zip Coille) . Florida 90 (Zip Coille)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w	ith and accept the obligations of the position.
aui	ith and accept the obligations of the position.
Signature of New Re	rgistered Agent, if phynging

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: <u>X</u> Change	PT John Doe	
X Remove	V Mike Jones	
X Add	SV Sally Smith	
Type of Action (Check One)	<u>Title</u> <u>Name</u>	Address
1) Change Add Remove	PD LADELAINE Olivera HERNANDEZ	754 N FLAGIAMI BLUS HIGMI, FL 33144
2) Change Add Remove	P Janiee Gionzalez	<u>22860 SW 115</u> ave miami, F(33170
3) Change Add Remove	VP YOLEXY GIVERRA	97860 SW 115 CUE MICMI, FL 33170
4) Change Add Remove		
5) Change Add Remove		
6) Change Add Remove		

ttach additional sheets, if necessary).	les, enter change(s) here: (Be specific)
·	
· · ·	
	
an amendment provides for an eycha	inge, reclassification, or cancellation of issued shares,
provisions for implementing the amend	dment if not contained in the amendment itself:
(if not applicable, indicate N/A)	/
	N/A

The date of each amendment(s) adoption: date this document was signed.	10/16/19	, if other than the
-	10/16/19	
	10/16/19 Ino more than 90 days after amendment file do	ne)
Note: If the date inserted in this block does document's effective date on the Department	s not meet the applicable statutory filing requirem of State's records.	ents, this date will not be listed as the
Adoption of Amendment(s) (C	CHECK ONE)	
The amendment(s) was/were adopted by the shareholders was/were sufficient for	he shareholders. The number of votes cast for the a or approval.	imendment(s)
	the shareholders through voting groups. The following group entitled to vote separately on the amenda	
	nendment(s) was/were sufficient for approval	
by	voting group)	
C	voting group)	
☐ The amendment(s) was/were adopted by the action was not required.	he board of directors without shareholder action an	d shareholder
☐ The amendment(s) was/were adopted by the action was not required.	he incorporators without shareholder action and sha	areholder
Dated	19	
Signature	Jarrer Egenzales	
(By a director, pr	resident or other officer – if directors or officers ha neorporator – if in the hands of a receiver, trustee.	
	ary by that fiduciary)	A Other Court
	(Typed or printed name of person signing)	
	(Typed or printed name of person signing)	
_	7	
	(Title of person signing)	