

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	_
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	

Office Use Only



600314197936

06/07/18--01022--029 ★★55.00

18 JUN - 7 PH I2: 49

HMO R. WHITE JUN 08 2018

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: VIVA HAIR STU	DIO INC	
DOCUMENT NUME	BER: P11000040381		
	of Amendment and fee are su	ibmitted for filing.	
Please return all corres	spondence concerning this ma	itter to the following:	
	RENATA ALCANTARA		
		Name of Contact Perso	n
	ACCOUNTING PLUS PRO	FESSIONAL SERVICES,	INC
		Firm/ Company	
	3803 NW 7TH PL		
		Address	
	DEERFIELD BEACH, FL 3.	3442	
		City/ State and Zip Cod	
RENZ	NTAALC@HOTMAIL.COM		
	_	sed for future annual report	notification)
For further information	reoncerning this matter, pleas	se call:	
RENATA ALCANTA	aRA	954	913-1520
Name o	of Contact Person	Area Ce	de & Daytime Telephone Number
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	irtment 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)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Divisio Clifton	Address Iment Section on of Corporations Building executive Center Circle

Tallahassee, FL 32301

Articles of Amendment FILED

Articles of Incorpor 18 od UH - 7 PM 12: 49

VIVA HAIR STUDIO INC

- IAL AHA FILISHA
n as currently filed with the Florida Dept. of State)
nt Number of Corporation (if known)
(if known)
Statutes, this Florida Profit Corporation adopts the following amendment
Poration:
"corporation," "company," or "incorporated" or the abbreviation "Inc," or "Co". A professional corporation name must contain the breviation "P.A."
ESS)
office address in Florida, enter the name of the
<u> </u>
Florida street address)
. Florida
(City) (Zip Code)
d Agent:
d Agent: familiar with and accept the obligations of the position.
• •
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.

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>	<u>Name</u>	<u>Addres</u> s
1) Change	D	ELVIS EDGARD PIMENTA	2800 N FEDERAL HWY # 300
X Add			BOCA RATON, FL 33431
Remove			
2) Change			<u> </u>
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change		_	
Add			
Remove			

Attach add	ng or adding additional A litional sheets, if necessar	v). (Be specific)	egator nere.			
	1			•		
				<u> </u>		
	<u></u>					
			<u>. </u>			
					<u></u> ;	
					· ·	·
	-					
	·					
			 -			
-				<u>.</u> .		··· ·
provisions	dment provides for an essential the an essential the an essential the an essential through the an essential through the an essential through the an essential through the anti-	mendment if not c	cation, or cancel ontained in the a	lation of issued s mendment itself	<u>hares,</u>	
				-		
					_	
	· · · · · · · · · · · · · · · · · · ·		·			
						
				· ·•		

The date of each-amendment(s) adoption:date this document was signed.	, if other than t
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, document's effective date on the Department of State's records.	this date will not be listed as t
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amend by the shareholders was/were sufficient for approval.	ment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following s 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 shar action was not required.	eholder
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	der
06/01/2018	
Dated	
Signature * Charles	
Signature (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 othe appointed fiduciary by that fiduciary)	er court
SABRINA Z MIRANDA	
(Typed or printed name of person signing)	
PRESIDENT	

(Title of person signing)