## P110000 40381

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	RATION:	DIO, INC		<del></del>
DOCUMENT NUM	BER: P11000040381			
	of Amendment and fee are su	bmitted for filing.		
Please return ali corre	spondence concerning this ma	tter to the following:		
	RENATA ALCANTARA			
		Name of Contact Perso	n	
	ACCOUNTING PLUS PRO	FESSIONAL SERVICES.	INC	
	-	Firm/ Company	· · · · · · · · · · · · · · · · · · ·	
	3803 NW 7TH PL	Time Company		_
		Address		2019
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	DEERFIELD BEACH, FL 3.			
	•	City/ State and Zip Cod	e	2018 JAN 24 F
REN	ATAALC@HOTMAIL.COM			
	E-mail address: (to be us	sed for future annual report	notification)	<del>-</del>
				-
For further information	on concerning this matter, pleas	se call:		
RENATA ALCANTA	ARA	at ( <sup>954</sup> Area Co	913-1520	
Name of Contact Person		Area Ce	de & Daytime Telephone	Number
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment of State:	
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
<u>Ma</u>	iling Address	Street	Address	
Amendment Section		Amendment Section		
	ision of Corporations . Box 6327		on of Corporations Building	
	lahassee, FL 32314		executive Center Circle	

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

VIVA HAIR STUDIO, INC

(Name of Corporation as currently	y filed with the Florida Dept. of State)
(Document Number of	**Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s)
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 "word "chartered," "professional association," or the abbreviation "	Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
	- 62
C. Enter new mailing address, if applicable:	
(Muiling address MAY BE A POST OFFICE BOX)	· · · · · · · · · · · · · · · · · · ·
	<u> </u>
	三 页
D. If amending the registered agent and/or registered office addr new registered agent and/or the new registered office address:	
Name of New Registered Agent	<del></del>
(Florida str.	vot address)
New Registered Office Address:	(Civ) Florida (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w	
Therety occept me appointment as registered agent. I am jumina s	an and accept the oraganous of the position.
Signature of New R	egistered Agent, if changing

ddress of each Office Attach additional she Please note the officer? = President; V = Vi Executive Officer; CF add. President, Treas Changes should be not change, Mike Jones dike Jones, V as Rem	eer and/or I  eets, if neces  /director tit  ce Presiden  FO = Chief  urer, Direct  ted in the fo  leaves the o	Director sary) the by the nt; T= Tr Financia tor would corporati	being added:  first letter of the office title: easurer: S= Secretary: D= Director; TR il Officer. If an officer/director holds mo be PTD. manner. Currently John Doe is listed as ion, Sally Smith is named the V and S. Th	cer/director being removed and title, name, and  = Trustee; C = Chairman or Clerk; CEO = Chiegore than one title, list the first letter of each office the PST and Mike Jones is listed as the V. There is ese should be noted as John Doe, PT as a Change
Example: - <u>X</u> Change	<u>PT</u>	John D	<u>00e</u>	
X Remove	$\underline{V}$	<u>Mike J</u>	ones	
X Add	<u>sv</u>	Sally S	<u>Smith</u>	
ype of Action Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
) Change	VPD		DANIELA F CORREIA	2800 N FEDERAL HWY # 300
Add  X Remove				BOCA RATON, FL 33431
) Change	D	_	ELMER EDGARDO PIMENTA	2800 N FEDERAL HWY #300
Add X Remove				BOCA RATON, FL 33431 2
Change		_		- · · · · · · · · · · · · · · · · · · ·
Remove				
Change Add		_		
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Change		_		<del></del>
Add				
) Change				

\_ Add

Remove

Attach additional sheets, if necessary). (Be specific)	
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f an amendment provides for an exchange, reclassification, or cancellation of issued share	: 0
provisions for implementing the amendment if not contained in the amendment itself:	: 0
f an amendment provides for an exchange, reclassification, or cancellation of issued shar provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)	: 0
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The date of each amendment(s) adoption:	_, if other than th
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)	
<b>Note:</b> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will document's effective date on the Department of State's records.	not be listed as th
Adoption of Amendment(s) (CHECK ONE)	
■ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes east 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 shareholder action was not required.	.sa
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	2019 JAH 29
	29
Dated < 01/17/19	TI
Signature ×	- 0
(By a director, president or other officer – if directors or officers have not been	0
selected, by an incorporator – if in the hands of a receiver, trustee, or other court	
appointed fiduciary by that fiduciary)	į.
(Typed or printed name of person signing)	
(Typed or printed name of person signing)	
& Prexident (Title of person signing)	