Florida Department of State

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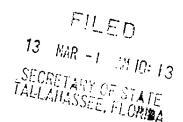
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COR AMND/RESTATE/CORRECT OR O/D RESIGN MIMI'S SALON & SPA, INC.

| Certificate of Status | 0 |
|-----------------------|---------|
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Articles of Amendment Articles of Incorporation



MIMI'S SALON & SPA, INC.

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

P11000068584

(Document Number of Corporation (if known)

mendment(s) to

| A. If amending name, enter the new nar | me of the corporation: | _ |
|---|--|----------------------------------|
| name must be distinguishable and conta "Corp.," "Inc.," or Co.," or the designa word "chartered." "professional associati | ntion "Corp," "Inc," or "Co". A profess | |
| B. <u>Enter new principal office address, il</u> (Principal office address <u>MUST BE A ST</u> | | |
| C. Enter new mailing address, if applic (Mailing address <u>MAY BE A POST O</u> | | |
| D. If amending the registered agent and new registered agent and/or the new | | enter the name of the |
| Name of New Registered Agent | ARACELY BETANCOURT | CRUZ |
| | 35 SW 114 AVE STE | 102 |
| - | (Florida street address) | |
| New Registered Office Address: | MIAMI | , Florida 33174 |
| | (City) | (Zip Code) |
| New Registered Agent's Signature, if ch I hereby accept the appointment as register | anging Registered Agent: red agent. I am familiar with and accept | the obligations of the position. |
| 7 2 22 | | |

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: X Change | <u>PT</u> <u>Jo</u> | ohn Doe | |
|-------------------------------|---------------------|-------------------------|----------------------------|
| X Remove | <u>V</u> <u>M</u> | tike Jones | |
| X Add | <u>sv</u> s | ally Smith | |
| Type of Action (Check One) | Title | Name | <u>Addres</u> s |
| l) Change | PD | DELFINA PINEIRO | 35 SW 114 AVE |
| Add X Remove | | | STE 102 MIAMI, FL 33174 |
| 2) Change Add | <u>PD</u> | ARACELY BETANCOURT CRUZ | 35 SW 114 AVE STE 102 |
| Remove 3) Change | | | MIAMI, FL 33174 |
| Add | | | |
| 4) Change Add | | | |
| Remove | | | |
| 5) Change Add | | | |
| Remove | | | |
| 6) Change | | | |
| Add Remove | | | |

| | ach additional sheets, if necessary). | icles, entor change((Be specific) | <u>3) nere</u> . | | |
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| | | | on, or cancellatio | n of issued shares, | |
| f ar | n amendment provides for an exclusions for implementing the ame | iange, reclassification and conta | ined in the amen | dment itself: | |
| f ar pro | n amendment provides for an exclusions for implementing the ame (if not applicable, indicate N/A) | nange, reclassificate ndment if not conta | ined in the amen | dment itself: | |
| f ar pro | ovisions for implementing the ame | nange, reclassificate ndment if not conta | ined in the amen | dment itself: | |
| f ar | ovisions for implementing the ame | nange, reclassification and ment if not conta | ined in the amen | dment itself: | |
| f ar | ovisions for implementing the ame | nange, reclassification | ined in the amen | dment itself: | |
| f ar | ovisions for implementing the ame | nange, reclassification | ined in the amen | dment itself: | |
| f aı | ovisions for implementing the ame | nange, reclassification | ined in the amen | dment itself: | |
| f aı | ovisions for implementing the ame | nange, reclassification | ined in the amen | dment itself: | |
| pro | ovisions for implementing the ame | nange, rectassification | ined in the amen | dment itself: | |
| f an | ovisions for implementing the ame | nange, rectassification | ined in the amen | dment itself: | |
| pro | ovisions for implementing the ame | nange, rectassification | ined in the amen | dment itself: | |
| pro | ovisions for implementing the ame | nange, recigssification | ined in the amen | dment itself: | |
| pro | ovisions for implementing the ame | nange, rectassification | ined in the amen | dment itself: | |
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| f an pro | ovisions for implementing the ame | nange, rectassification | ined in the amen | dmentitself: | |

| The date of each amendment(s) | adoption: FEBRUARY 25, 2013 |
|--|--|
| Effective date if applicable: | (no more than 90 days after amendment file date) |
| | (attrate over) |
| Adoption of Amendment(s) | (CHECK ONE) |
| The amendment(s) was/were a by the shareholders was/were | dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval. |
| | pproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s): |
| "The number of votes car | st for the amendment(s) was/were sufficient for approval |
| by | n |
| | (voting group) |
| The amendment(s) was/were a action was not required. | dopted by the board of directors without shareholder action and shareholder |
| The amendment(s) was/were a action was not required. | dopted by the incorporators without shareholder action and shareholder |
| Dated FEB | RUARY 25, 2013 |
| | RUARY 25, 2013 Le Cruo Briem |
| | 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) |
| | DELFINA PINEIRO |
| | (Typed or printed name of person signing) |
| | PRESIDENT |
| | (Title of person signing) |