## P12000053170

(Re	equestor's Name)	
(Ad	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	e #)
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Amelia 19/4/12

## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: LUPAMIF DOCUMENT NUMBER: P120000530	R BEAUTY SA 670	LON INC
The enclosed Articles of Amendment and fee are su		<del> </del>
Please return all correspondence concerning this ma	tter to the following:	
JULIO C. DE L	OS RIOS	
<del></del>	Name of Contact Perso	n
DLR ACCOUN		
5743 HOLLYW	Firm/ Company OOD BLVD	
HOLLYWOOD	Address . FL 33021	
<u> </u>	City/ State and Zip Cod	c
DLRCORP@AOL	.COM	•
	sed for future annual report	notification)
For further information concerning this matter, pleas	se call:	
JULIO C. DE LOS RIOS	at (954	, <u>8164119</u>
Name of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for the following amount made p	payable to the Florida Depa	artment of State:
\$35 Filing Fee	□\$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 Division Clifton 2661 E	Address Iment Section on of Corporations Building executive Center Circle assee, FL 32301

## Articles of Amendment to Articles of Incorporation of



## LUPAMIR BEAUTY SALON INC

				.00
(Name of Corporation as currently file	ed with the Florida	Dept. of State)		
P12000053670				
(Document Number of C	Corporation (if knowi	n)		
Pursuant to the provisions of section 607.1006, Florida sits Articles of Incorporation:	Statutes, this <i>Florida</i>	Profit Corporation add	pts the following	; amendment(s) to
A. If amending name, enter the new name of the cor	poration:			
•				The new
name must be distinguishable and contain the word "Corp.," "Inc" or Co.," or the designation "Corp,," word "chartered," "professional association." or the at	""Inc." or "Co". A			
B. <u>Enter new principal office address, if applicable:</u> (Principal office address <u>MUST BE A STREET ADDR</u>	<u></u>	•		
	<del></del>		•	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	<b>7</b> 1			
(Mulling data ess INAT BE A TOST OF TICE BOX	,			
D. If amending the registered agent and/or registered new registered agent and/or the new registered of		Florida, enter the name	e of the	
Name of New Registered Agent	<u>.</u> .			
	-	•		
	(Florida street addr	ess)		
New Registered Office Address:		, Florida		
	(City)		(Zip Code)	
New Registered Agent's Signature, if changing Regis	tored Agents			
I hereby accept the appointment as registered agent. It		accept the obligations	of the position.	

Signature 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	PT John D	<u>Ooe</u>	
X Remove	<u>V</u> <u>Mike J</u>	lones	
X Add	<u>SV</u> <u>Sally S</u>	<u>Smith</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	<u>VP</u>	CONSUELO PARRA	2049 S. OCEAN DRIVE
Add			SUITE 309-E
X Remove			HALLANDALE BEACH, FL 33009
2) Change	D	SHAMUEL SHABI	1051 S.PARK ROAD
X	,		APT. 307
Remove			HOLLYWOOD,FL 33021
3) Change	<del></del>		
Add			
Remove			
4) Change			
Add		•	
Remove		• .	
5) Change			
Add			
Remove			***
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here:  (Attach additional sheets, if necessary). (Be specific)
DIRECTORS: % SHARES
PATRICIA MIRANDA 60 %
SHAMUEL SHABI 40 %
<del>-</del>
,
<u></u>
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:   (if not applicable, indicate N/A)
•
<u> </u>

The date of each amendment(s) adoption: 11/26/2012
Effective date if applicable: 10/30/2012
(no more than 90 days after amendment file date)
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 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 shareholder action was not required.
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.
Dated 11/25/2012
Signature PCItoree WhenanelyB
(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 other court appointed fiduciary by that fiduciary)
PATRICIA MIRANDA
(Typed or printed name of person signing)
PRESIDENT
(Title of person signing)