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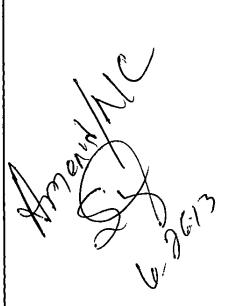
(Re	questor's Name)	
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DIVISION OF CORPORATIONS

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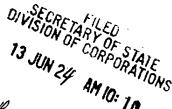
TO: Amendment Section Division of Corporations

NAME OF CORPORATION: WONDERFUL HAIR CENTER COFF.
DOCUMENT NUMBER: P12000076776
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
SARAH ROSARIO
Name of Contact Person
WONDERFUL HAIR CENTER
Firm/ Company
19201 COLLINS AVE W122
SUNNY ISLES, FL 33160
City/ State and Zip Code
ROSARIO SARAH 64@GMAIL.COM
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
SARAH ROSARIO at (305) 466-4446
Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
00.50W T
\$35 Filing Fee \$\Bigcup \\$43.75 Filing Fee & \Bigcup \\$43.75 Filing Fee & \Bigcup \\$52.50 Filing Fee \\ Certificate of Status \\ Certificate of Status
(Additional copy is Certified Copy
enclosed) (Additional Copy is enclosed)
Mailing Address Street Address
Amendment Section Amendment Section

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation



	of	ı	AM IN TONS
WONDERFUL HAIR	CENTER		AM IO: 10
(Name of Corporation as currently	filed with the Florida Dep	t. of State)	
P12000016	176		
(Document Number of	f Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florid its Articles of Incorporation:	da Statutes, this <i>Florida Pro</i>	ofit Corporation adop	ots the following amendment(s) to
A. If amending name, enter the new name of the	orporation:		
SWEET BEAUTY	SALONI	MC	The new
name must be distinguishable and contain the wo "Corp.," "Inc.," or Co.," or the designation "Corp. word "chartered," "professional association," or the	rd "corporation," "comp p," "Inc," or "Co". A pr	any," or "incorpora	ted" or the abbreviation
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET AD			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE Be	2 <u>X</u>)		
D. If amending the registered agent and/or registered new registered agent and/or the new registered		ida, enter the name	of the
Name of New Registered Agent SA	RAH ROSA	<u></u>	
1925	(Florida street address)	AVE CU12	2
New Registered Office Address: SUN	UN ISES (City)	, Florida<	33160 (Zip Code)
New Registered Agent's Signature, if changing Re I hereby accept the appointment as registered agent.	gistered Agent: I am familiar with and ac	çept the obligations o	f 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 <math>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:	•), b / ub un nuu.	
X Change	PT John I	<u> Doe</u>	
X Remove	V Mike	<u>Jones</u>	
X Add	SV Sally	Smith	
Type of Action (Check One)	Title	Name	Address
1) Change	P	ROSA DEUS	P1201 COLLINS AVE
Add Remove			W122 BUNDYISLES, FL 33160
2) Change	<u>P</u> .	SARAH ROSARIO	19201 COLINS AVE
Add			OU 122 SUNNY ISUES, FL 33160
3)Change	<u>1P5</u>	BERTHA RODRIGUE	- 19201 COUNSANE
_X_Add			W 122
Remove			BUNDY ISLES, FL33160
4) Change			
Add			
Remove			***************************************
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

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l an amandra	nt provides for an exch	ange realessification	n ar concellation o	figured shows
provisions for	implementing the amer	<u>ndment if not conta</u>	incu in the autenun	
provisions for (if not appl	licable, indicate N/A)			
provisions for	licable, indicate N/A)			AVAILABLE
provisions for (if not appl	licable, indicate N/A)			
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provisions for (if not appl	licable, indicate N/A)			
provisions for (if not appl	licable, indicate N/A)			

The date of each amendment(s) ad	option: 6-21-13
Effective date if applicable:	6-21-13
	(no more than 90 days after amendment file date)
	(GUPGI AND)
Adoption of Amendment(s)	(CHECK ONE)
☐ The amendment(s) was/were adopty the shareholders was/were sufficiently.	pted by the shareholders. The number of votes cast for the amendment(s) ficient for approval.
	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):
"The number of votes cast i	for the amendment(s) was/were sufficient for approval
by	, , , , ,
	(voling group)
The amendment(s) was/were adopaction was not required.	pted by the board of directors without shareholder action and shareholder
The amendment(s) was/were adopaction was not required.	pted by the incorporators without shareholder action and shareholder
	21-13
Dated O	
Signature	- audi Pane
	rector, president or other officer – if directors or officers have not been
	l, by an incorporator - if in the hands of a receiver, trustee, or other court
appoint	ed fiduciary by that fiduciary)
_	SARAH ROSARIO (Typed or printed name of person signing)
·	(Typed or printed name of person signing)
	PRESIDENT
-	(Title of person signing)