P12000079168

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COVER LETTER

TO: Amendment Section **Division of Corporations**

•				
NAME OF CORPOR	ATION: MIAMI SUI	NRISE SALON A	AND SPA INC	
	ER: P1200007916	•		
	of Amendment and fee are su		•	
Please return all corresp	pondence concerning this ma	tter to the following:		
	Rolando Fuentes	i		
-		Name of Contact Person	1	_
-		Firm/ Company		
1				
-		Address		_
	Miami, FI 33184			
mia	mi3d14@gmail.s	City/ State and Zip Cod	: ; 30 SHOW@	- Demail:con
		sed for future annual report	notification)	
For further information	concerning this matter, pleas	se call:		
Rolando Fuer	ntes	_{at (} 561	, 914-4168	
Name o	f Contact Person	Area Co	de & Daytime Telephone Numb	per
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:	
□ \$35 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)	
<u>Mail</u>	ing Address	Street	Address	

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

FILED

MIAMI SUNRISE SALON AND SPA INC

2014 FFB 12 PM 4: 37

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(Name of Corporation as currently filed with the P12000079168	Florida Dept. of State) CRUTALIY OF STATE FALLAHASSEE, FLORIDA
(Document Number of Corporation	(if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this ts Articles of Incorporation:	s Florida Profit Corporation adopts the following amendmen
A. If amending name, enter the new name of the corporation:	
MIAMI3D INC	The new
name must be distinguishable and contain the word "corporati" "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	ion," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	690 SW 119 Avenue
Principal office address MUST BE A STREET ADDRESS)	Miami, FL 33184
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	690 SW 119 Avenue
(A. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	Miami, FL 33184
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address	dress in Florida, enter the name of the
Name of New Registered Agent Rolando Fuente	es
690 SW 119 A	venue
(Florida s	treet address)
Navy Pagistared Office Address: Miami	, Florida 33184
New Registered Office Address:	

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>	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	PT	Maria M. Almarales	6375 SW 27TH ST
Add			Miami, FL 33155
Remove			
2) Change	PT	Rolando Fuentes	690 SW 119 Avenue
Add			Miami, FL 33184
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change	-		
Add			
Remove			
6) Change			
Add			
Remove			

mending or adding additional Arti tach additional sheets, if necessary).	(Be specific)
ovisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

The date of each amendment(s) adoption:	, if other than the
-date this document was signed.	
Effective date if applicable: (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 east for the amendment(s) was/were sufficient for approval	
by" (voting group)	
(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	
Signature V > C	
(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)	
(Typed or printed name of person signing)	
(Typed or printed name of person signing)	
CEO	
(Title of person signing)	