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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: SILVANA'S	BEAUTY SALC	ON INC		
DOCUMENT NUM	BER: P1200008038	3			
	s of Amendment and fee are su				
Please return all corre	espondence concerning this ma	tter to the following:			
	SILVANA L MIRA	ANDA			
		Name of Contact Person	1		
	SILVANA'S BEAUTY SALON INC				
		Firm/ Company			
	10239 NW 9 ST CIRCLE APT 213				
		Address			
	MIAMI FL 33172				
	-	City/ State and Zip Code	e		
SII	LVANASTYLE08@	HOTMAII CON	Л		
<u> </u>		sed for future annual report			
	·	·			
For further information	on concerning this matter, pleas	se call:			
SILVANA L	MIRANDA	_{at (} 786	4368808		
Name of Contact Person		Area Co	de & Daytime Telephone Number		
Enclosed is a check f	or 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)		
Mailing Address			Address		
	nendment Section	Amendment Section Division of Corporations			
	vision of Corporations O. Box 6327		Building		
Tallahassee, FL 32314		2661 Executive Center Circle			
		Tallahs	issee FL 32301		

Articles of Amendment to Articles of Incorporation

FILED 2013 OCT -4 PM 1: 25

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

SILVANA'S BEAUTY SALON INC

SEUNCIARY OF STATE TALLAHASSEE, FLORIDA

(Document Number of Corporation (if known)

ndment(s) to

	poration:		
ame must be distinguishable and contain the word Corp.," "Inc.," or Co.," or the designation "Corp," ord "chartered," "professional association," or the ab	"Inc," or "Co". A professional corporation na		
Enter new principal office address, if applicable:	209 PARK BLVD		
rincipal office address <u>MUST BE A STREET ADDR</u>	MIAMI FL 33126	MIAMI FL 33126	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	10239 NW 9 ST CIRCLE A	APT 213	
(Mutting uturess MAT BE A TOST OFFICE BOA)	MIAMI FL 33172		
. If amending the registered agent and/or registered new registered agent and/or the new registered of Name of New Registered Agent	ffice address:	€	
	(Florida street address)		
		Code)	
New Registered Office Address:	(City) (Zip	(Coue)	

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: X Change	<u>PT</u>	John Doe	
X Remove	$\underline{\mathbf{v}}$	Mike Jones	
X Add	<u>sv</u>	Sally Smith	•
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	VP	HERMOGENES MIRANDA	10239 NW 9 ST CIRCLE APT 213
X			MIAMI, FL 33172
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

f amending or adding additional Artic Attach additional sheets, if necessary).	(Be specific)
	
 ,	
f an amendment provides for an exch	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) add date this document was signed.	option:	if other than the
Effective date if applicable:		
Encente date in appricate.	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/were adop by the shareholders was/were suf	oted by the shareholders. The number of votes east for the amendment(s) ficient for approval.	
	oved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
	or the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were adoptaction was not required.	oted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were adopted action was not required.	oted by the incorporators without shareholder action and shareholder	
	26/13	
Signature	rector, 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 and fiduciary by that fiduciary)	
-	Silvana Miranda (Typed or printed name of person signing)	_
	(Typed or printed name of person signing)	
_	Fresident	
	(Title of person signing)	