P13000000784

(Re	equestor's Name)	<u> </u>
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(Cit	ty/State/Zip/Phone	e #)
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15 NOV 30 AM 9: 20
SECRETARY OF STATE
ALLAHASSEE, FLORIDA

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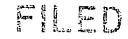
COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: SALON ROMI, IN	NC	
DOCUMENT NUME	P13000000784	, see to see to	
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corres	spondence concerning this ma	tter to the following:	
	ARLENE SHANE		
		Name of Contact Person	1
	SOLUTIONS FOR ACCOU	NTING, INC	
		Firm/ Company	
	1311 N 47TH AVE		
		Address	
	HOLLYWOOD, FL 33021		
		City/ State and Zip Cod	e
SHA	NE18@BELLSOUTH.NET		
	•	sed for future annual report	notification)
	n concerning this matter, pleas		0/2 07/5
ARLENE SHANE		at (
Name (of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check fo	r 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)
Amo Divi P.O.	ling Address endment Section sion of Corporations Box 6327 ahassee, FL 32314	Ameno Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation



SALON ROMI, INC	15 NOV 30 AM 9: 20
(Name of Corporation P13000000784	as currently filed with the Florida Dept. Tof State) STATE TALLAHASSEE, FLORIDA
(Docume	nt Number of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Sits Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following amendment(s
A. If amending name, enter the new name of the corp	poration:
	The new "corporation," "company," or "incorporated" or the abbreviation "Inc," or "Co". A professional corporation name must contain the bbreviation "P.A."
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDR</u>	PESS)
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered new registered agent and/or the new registered of	d office address in Florida, enter the name of the
Name of New Registered Agent	
	(Florida street address)
'New Registered Office Address:	, Florida (Zip Code)
New Registered Agent's Signature, if changing Regist I hereby accept the appointment as registered agent. I d	tered Agent: am familiar with and accept the obligations of the position.
Signati	ure 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: 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	VP	GUY OZ	19861 NE 24TH AVE
Add			MIAMI, FL 33180
X Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
	
	
_ 	
<u>lf an amendment provides for an exch</u>	nange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	ndment if not contained in the amendment itself:
provisions for implementing the ame (if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
provisions for implementing the ame	ndment if not contained in the amendment itself:
provisions for implementing the ame	ndment if not contained in the amendment itself:
provisions for implementing the ame	ndment if not contained in the amendment itself:
provisions for implementing the ame	ndment if not contained in the amendment itself:
provisions for implementing the ame	ndment if not contained in the amendment itself:
provisions for implementing the ame	ndment if not contained in the amendment itself:

The date of each amendment(s) adoption: date this document was signed.	, if other than th
Effective date if applicable:	
	(no more than 90 days after amendment file date)
Note: If the date inserted in this block document's effective date on the Departmen	es not meet the applicable statutory filing requirements, this date will not be listed as the of State's records.
Adoption of Amendment(s)	CHECK ONE)
☐ The amendment(s) was/were adopted by by the shareholders was/were sufficient	the shareholders. The number of votes cast for the amendment(s) for approval.
	the shareholders through voting groups. The following statement ting group entitled to vote separately on the amendment(s):
"The number of votes cast for the a	mendment(s) was/were sufficient for approval
by	(voting group)
☐ The amendment(s) was/were adopted by action was not required.	the board of directors without shareholder action and shareholder
action was not required. 10/24/15 Dated Signature (By a director, 10/24/15)	the incorporators without shareholder action and shareholder president or other officer – if directors or officers have not been
selected, by an	noorporator – if in the hands of a receiver, trustee, or other court iary by that fiduciary)
BARA	C HARAZI
	(Typed or printed name of person signing)
PRESI	DENT
	(Title of person signing)