## P13000012580

(Requestor's Name)		
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	e #)
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SECRETARY OF STATE
TALLAHASSEE, FLORID,

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: ZORELLY DOCUMENT NUMBER: P130000125	/S HAIR STUDIO 580	, INC
The enclosed Articles of Amendment and fee are		
Please return all correspondence concerning this r	natter to the following:	
ANA M LEON G	SOMEZ	
	Name of Contact Person	1
TAMPA MULTIS	SERVICES, INC.	_
	Firm/ Company	
2722 W TAMPA	A BAY BLVD	
	Address	
TAMPA, FL 336	507	
	City/ State and Zip Cod	e
TAMPAMULTISER	VICES@HOTMA	IL.COM
	used for future annual report	
For further information concerning this matter, pl	ease call:	
ANA M LEON GOMEZ	at (813	374-2145
Name of Contact Person		de & Daytime Telephone Number
Enclosed is a check for the following amount made	le payable to the Florida Depa	artment of State:
\$35 Filing Fee & Certificate of Status		□\$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	Ameno Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle assee, FL 32301

## Articles of Amendment to Articles of Incorporation of

ZORELLYS HAIR STUDIO, INC.			
(Name of Corporation as currently filed with th	e Florida Dept. of State)		
P13000012580			
(Document Number of Corporation	on (if known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, tits Articles of Incorporation:	his <i>Florida Profit Corporati</i>	on adopts the following	amendment(s) to
A. If amending name, enter the new name of the corporation	<u> </u>		
			The new
name must be distinguishable and contain the word "corpor" "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc.," word "chartered." "professional association," or the abbreviation	or "Co". A professional co		
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
D. If amending the registered agent and/or registered office a	uddress in Florida, enter the	e name of the	
new registered agent and/or the new registered office add		· · · · · · · · · · · · · · · · · · ·	
Name of New Registered Agent			
(Florid	a street address)		
New Registered Office Address:		orida	
	City)	(Zip Code)	
New Registered Agent's Signature, if changing Registered Ag	ent:		
I hereby accept the appointment as registered agent. I am famil	iar with and accept the oblig		2013
Signature of New Register	red Agent, if changing	L AHASSE	1 1
		ָרָאָרָ הַאָּרָיִ בַּאַרָּיִ	PEZ

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:	ive, and Sally Si	mith, SV as an Add.	
X Change	PT Jo	hn Doe	
X Remove	<u>V</u> <u>M</u>	ike Jones	
X Add	<u>SV</u> <u>Sa</u>	ally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	OFFICER	JHORDAN J OVIEDO	5818 BITTER ORANGE AVE
X Add			TAMPA, FL 33625
Remove			
2)Change			
Add			
Remove			<u> </u>
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

The date of each amendment(s) ac	doption: 02/07/2013
Effective date if applicable:	
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	( <u>CHECK ONE</u> )
The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amendment(s) fficient for approval.
☐ The amendment(s) was/were app must be separately provided for	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	for the amendment(s) was/were sufficient for approval
by	
	(voting group)
☐ The amendment(s) was/were ado action was not required.	pted by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were ado action was not required.	pted by the incorporators without shareholder action and shareholder
Dated 02/22/2	2013
Signature (By adi	rector, Mesident or officer – if directors or officers have not been
selected	by an incorporator if in the hands of a receiver, trustee, or other court
арроілы	ed fiduciary by that fiduciary)
	ZORELY LOPEZ GONZALEZ
-	(Typed or printed name of person signing)
	PRESIDENT
-	(Title of person signing)

If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)
If an amandment arguides for an evol	hange, reclassification, or cancellation of issued shares,
provisions for implementing the ame (if not applicable, indicate N/A)	endment if not contained in the amendment itself: