P13000023825 Division of Corporations

Florida Department of State

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From:

Account Name : DERHY FINANCIAL SERVICES LLC

Account Number: I20090000059 Phone : (786)380-3472 Fax Number : (786)320-6879

**Enter the email address for this business entity to be used for fifthings annual report mailings. Enter only one email address please.

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COR AMND/RESTATE/CORRECT OR O/D RESIGN W HAIR SALON INC

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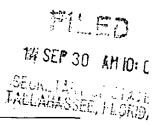
TO: Amendment Section Division of Corporations NAME OF CORPORATION: W Hair Salon Inc DOCUMENT NUMBER: P13000023825 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: **Dvir Derhy** Name of Contact Person Derhy Financial Service Firm/ Company 99 NW 183rd St #138 Address Miami, Fl 33169 City/ State and Zip Code dvir@bellsouth.net E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (786) 380-3472

Area Code & Daytime Telephone Number **Dvir Derhy** Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □\$43.75 Filing Pee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Malling Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building

> 2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

Articles of Amendment to Articles of Incorporation of



W Hair Salon, INC		
(Name of Corporation as curre	ntly filed with the Florida Dept. of St	ate)
P13000023825		
(Document Num	ber of Corporation (if known)	
Pursuant to the provisions of section 607.1006, F ts Articles of Incorporation:	Plorida Statutes, this Florida Profit Col	poration adopts the following amendment
. If amending name, enter the new name of	the corporation:	
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation ' word "chartered," "professional association," o	"Corp," "Inc," or "Co". A professio	
l. <u>Enter new principal office address, if appli</u> Principal office address <u>MUST BE A STREET</u>		
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFIC</u>	DE BOX)	
). If amending the registered agent and/or re new registered agent and/or the new regist Name of New Registered Agent		ter the name of the
	(Florida street address)	*************************************
	(Liound street tumess)	
New Registered Office Address:	(riorna sireei anness)	, Florida

Signature of New Registered Agent, if changing

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 = Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each 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. TI 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 Cl. Mike Jones, V as Remove, and Sally Smith, SV as an Add. Example: X_Change PT John Doc <u>v</u> X Remove Mike Jones X Add <u>SV</u> Sally Smith Type of Action _Title Name Address (Check One) Sammy Turgeman 2790 Sterling RD #5 Change #Bay 5 Add Hollywood, FI 33020 Remove Change Add Remove Change Add Remove Change Add Remove Change Add Remove Change Add

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name

Remove

ittach <i>additi</i>	or adding additional A ional sheets, if necessary). (Be specific)			
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22**					
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···		****			
<u>provisions f</u>	ment provides for an ex for implementing the a applicable, indicate N/A)	mendment if not	fication, or cance contained in the	illation of issued sh amendment itself:	ares,
			······································		
				1-1-4	

The date of each amendment(s) ad	leption: 09/29/2014	, if other th
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 ado by the sharcholders was/were su:	ptcd by the sharcholders. 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)	
	(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 adoraction was not required.	pted by the incorporators without shareholder action and shareholder	
Dated 09/29/20	114	
Signature		
(By a di	rector, president or other filter wif directors or officers have not been I, by an incorporator - if in the handa of a receiver, trustee, or other court ed fiduciary by that fiduciary)	
;	Shlomi Asayag	
-	(Typed or printed name of person signing)	
!	President	
	(Title of person signing)	_