

P13000028790

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

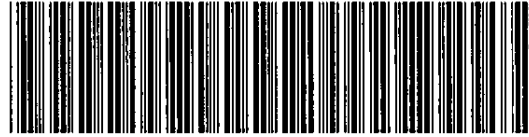
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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15 SEP - 4 PM 3:39
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FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 20, 2015

MARIA PILADE
107 BEAUTY BAR & SPA INC.
3887 NW 107TH AVE. STORE #104
MIAMI, FL 33178

SUBJECT: 107 BEAUTY BAR & SPA INC.
Ref. Number: P13000028790

15 SEP -4 PM 3:39
FILED

We have received your document and check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The incorrect form was submitted. Please complete form pursuant to a Florida Profit Corporation, section 607.

We are enclosing the proper form(s) with instructions for your convenience.

If you have any questions concerning the filing of your document, please call (850) 245-6838.

Cheryl R McNair
Regulatory Specialist II

Letter Number: 915A00017605

Attached is corrected form.

Please use \$60 to cover this fee and send us refund for difference of \$16.25.

Thank you.

RECEIVED
SEP -4 AM 8:01

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: 107 BEAUTY BAR & SPA INC

DOCUMENT NUMBER: P13000028790

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

JUAN CARLOS ALBER

Name of Contact Person

ALBER TAX ACCOUNTANT

Firm/ Company

11401 SW 40TH ST SUITE 260

Address

MIAMI, FL 33165

City/ State and Zip Code

ACC.ALBER@HOTMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JUAN CARLOS ALBER at (305) 713-9142
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department 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
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

15 SEP -4 PM 3:39
FILED

Articles of Amendment
to
Articles of Incorporation
of

FILED
15 SEP - 4 PM 3:10
CLERK OF COURT

107 BEAUTY BAR & SPA INC

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

P13000028790

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co." A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

3887 NW 107TH AVE
SUITE 104
MIAMI, FL 33178

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

3887 NW 107TH AVE
SUITE 104
MIAMI, FL 33178

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent MARIA PILADE BOTTARO
3887 NW 107TH AVE STE 104
(Florida street address)

New Registered Office Address: MIAMI, Florida 33178
(City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.



Signature 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 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:

Change PT John Doe

Remove V Mike Jones

Add SV Sally Smith

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>PS</u>	<u>NEORCIBEL GUERRERO</u>	<u>3887 NW 107TH AVE</u> <u>SUITE 104</u> <u>MIAMI FL 33178</u>
2) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>PS</u>	<u>MARIA PILADE BOTTARO</u>	<u>3887 NW 107TH AVE</u> <u>SUITE 104</u> <u>MIAMI, FL 33178</u>
3) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____
4) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____

E. If amending or adding additional Articles, enter change(s) here:
(Attach additional sheets, if necessary). (Be specific)

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:
(if not applicable, indicate N/A)

The date of each amendment(s) adoption: 09/01/15, if other than the date this document was signed.

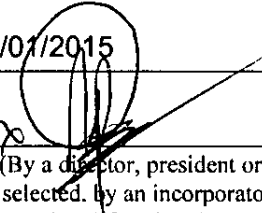
Effective date if applicable: _____
(no more than 90 days after amendment file date)

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 cast for the amendment(s) was/were sufficient for approval
by _____."
(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 09/01/2015

Signature  _____
(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)

MARIA PILADE BOTTARO

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)