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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION:	ME OF CORPORATION: HAIR AFFAIR R.A.P.T.C. BEAUTY SALON, INC.				
DOCUMENT NUMBER:	P13000036253				
The enclosed Articles of Amenda	nent and fee are su	bmitted for filing	; .		
Please return all correspondence	concerning this ma	tter to the follow	ing:		
		KELLA MA	ANSTER		
		Name of Con	tact Person		
	DIVINE	PROFESSIONA	L OUTRE	ACH, INC.	
		Firm/ Co	mpany		
	P.O. BOX 451764				
	Address				
	SUNRISE, FL 33345				
		City/ State and	d Zip Code		
		KELLA@ONE	BOX.COM	ſ	
E-mai	l address: (to be us	sed for future ann	ual report	notification)	
For further information concernir	ig this matter, pleas	se call:			
KELLA MAANSTER		at (786	_)344-8980	
Name of Contact 1		Area Coc	le & Daytime Telephone Number		
Enclosed is a check for the follow	ving amount made	payable to the Flo	orida Depa	rtment of State;	
	.75 Filing Fee & tificate of Status	S43.75 Filin Certified Co (Additional c enclosed)	ру	□\$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 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, Fl. 32303			

Articles of Amendment to Articles of Incorporation of

HAIR AFFAIR R.A.P.T.C. BEAUTY SALON, INC.

(Name of Corporation as curre	ently filed with the Flor	ida Dept. of State)	
P13000	0036253		
(Document Numb	er of Corporation (if know	wn)	
Pursuant to the provisions of section 607.1006, Florida Statutes, t its Articles of Incorporation:	his <i>Florida Profit Corpo</i>	ration adopts the fol	lowing amendment(s) to
A. If amending name, enter the new name of the corporation	<u>:</u>		
ANDREA'S UNIVERSAL HAIR AND BEAUTY SPA, INC.	_		The new
name must be distinguishable and contain the word "corporation, "Inc.," or Co.," or the designation "Corp," "Inc." or "Co" "chartered," "professional association," or the abbreviation "P.	. A professional corpo	oorated" or the abbre ration name must c	eviation "Corp.,"
B. Enter new principal office address, if applicable:			
(Principal office address <u>MUST BE A STREET ADDRESS</u>)		N/A	
			· ·
C. Enter new mailing address, if applicable:		N/A	.5
(Mailing address MAY BE A POST OFFICE BOX)			
D. If amending the registered agent and/or registered office a	addragg in Clauida, anta-	a the name of the	
new registered agent and/or the new registered office addi		the name of the	
Name of New Registered Agent	N/A		
(Florida	a street address)		
New Registered Office Address:	N/A	, Florida	
	(City)	. , , , , , , , , , , , , , , , , , , ,	(Zip Code)
New Registered Agent's Signature, if changing Registered Ag I hereby accept the appointment as registered agent. I am famili		hliaations of the novi	tian
The conjunction of the conjuncti	ar wan and accept inc 12	nigations of the post	14771.
Signature of Ne	w Registered Agent, if ch	anging	
Check if applicable			
☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.		

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.

X Change	<u>PT</u>	John Doe	
X Remove	V	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			
Add			
Remove			
2) Change			
Add			
Remove 3) Change	 .		
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change		_	
Add			
Remove			

/A	sheets, if necessary).	. (ве ѕресіліс)			
	_				
-					
			<u> </u>		
					
		-			
If an amendment	provides for an exc	change, reclassific	ation, or cancellati	on of issued shares,	
provisions for in	nplementing the am	nendment if not co	ntained in the ame	ndment itself:	
	cable, indicate N/A)				
A					
	-				
	-				

The date of each amendment(s) ad	option:	, if other than the
date this document was signed.	JULY 12, 2023	
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file d	ate)
Note: If the date inserted in this blocument's effective date on the Dep	ock does not meet the applicable statutory filing requirement of State's records.	nents, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were adoption was not required.	nted by the incorporators, or board of directors without sha	reholder action and shareholder
☐ The amendment(s) was/were adop by the shareholders was/were suf	oted by the shareholders. The number of votes cast for the ficient for approval.	amendment(s)
	oved by the shareholders through voting groups. The followach voting group entitled to vote separately on the amenda	
"The number of votes cast f	or the amendment(s) was/were sufficient for approval	
by	, ^{;;}	
	(voting group)	
Dated	ULY 12, 2023	
Signature	Indrea M. Gray	
selected	ector, president or other officer—if directors or officers ha by an incorporator—if in the hands of a receiver, trustee, difiduciary by that fiduciary)	
	ANDREA M. GRAY	
-	(Typed or printed name of person signing)	
	PRESIDENT	
-	(Title of person signing)	