P13000057883

(Req	uestor's Name)	
(Add	ress)	
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(City	/State/Zip/Phone	e #)
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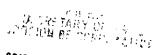
V HERRING MAR 1 4 2017

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: HAIR & WINE CO	ORP.	
DOCUMENT NUMB	P13000057883		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this mat	tter to the following:	
	YOMARDI PEREZ		
-		Name of Contact Person	1
	HAIR & WINE CORP.	Nume of Contact Ferson	•
•		Firm/ Company	
	1255 W 46TH ST STE 17		
•		Address	,
	HIALEAH, FL 33012		
·		City/ State and Zip Code	e
DANI	ALOPEZ1967@YAHOO.CC	DM .	
		ed for future annual report	notification)
		•	
For further information	concerning this matter, pleas	e call:	
YOMARDI PEREZ		786	973-3289
Name o	f Contact Person		de & Daytime Telephone Number
Enclosed is a check for	the following amount made p	payable to the Florida Depa	rtment 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)
Ame Divis P.O.	ing Address ndment Section sion of Corporations Box 6327 hassee, FL 32314	Amend Divisio Clifton 2661 E	Address ment Section in of Corporations Building xecutive Center Circle assee, FL 32301

Articles of Amendment to Articles of Incorporation of



HAIR & WINE CORP.

2017 MAR 13 AH 10: 25

(Name of Corporation as curren	tly filed with the Florida Dept. of State)
P13000057883	
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corporation:	
N/A	The new
name must be distinguishable and contain the word "corporati" "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc," or word "chartered," "professional association," or the abbreviation	ion," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the
	N/A
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)	N/A
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
D. If amending the registered agent and/or registered office add	dress in Florida, enter the name of the
new registered agent and/or the new registered office address	
Name of New Registered Agent N/A	
Name of New Registered rigent	
	rreet address)
N/A	
New Registered Office Address:	(City) , Florida (Zip Code)
	(Zip Cone)
New Registered Agent's Signature, if changing Registered Agen	ıt:
hereby accept the appointment as registered agent. I am familian	
Signatury of Nan	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: X Change	<u>PT</u>	John Do	<u>be</u>	
X Remove	<u>v</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change	VP	_	ARIEL NORBERTO RODA	6970 NW 186 ST BLDG 3
Add				HIALEAH, FL 33015
X Remove				
2) Change				
Add				
Remove				
3) Change		 -	Accordance - The Control of the Cont	
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change			· · · · · · · · · · · · · · · · · · ·	
Add				
Remove				
6) Change				
Add				
Remove				

Attach <i>addition</i>	adding additional Art and sheets, if necessary).	(Be specific)	-		
	•				<u></u>
				- "	
			···-		
				· -	
•					
f an amendme	ent provides for an exch implementing the ame	ange, reclassificated	tion, or cancellatio	on of issued shares, dment itself:	
(if not app	olicable, indicate N/A)				
	- · · · · · · · · · · · · · · · · · · ·			<u>.</u> .	

date this document was signed.	option:	, if other than th
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bl document's effective date on the Dep	ock does not meet the applicable statutory filing requirements, this date woartment of State's records.	ill not be listed as th
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were ado by the shareholders was/were suf	pted by the shareholders. The number of votes cast for the amendment(s) ficient for approval.	
	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
	or the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/were adoption was not required.	pted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were adopaction was not required.	pted by the incorporators without shareholder action and shareholder	
DatedSignature	3/20/2017 H	
selected	rector president or other officer – if directors or officers have not been , by an incorporator – if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)	
	YOMARDI PEREZ	
-	(Typed or printed name of person signing)	
	PRESIDENT	
•	(Title of person signing)	