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(Re	questor's Name)	· · · · · · · · · · · · · · · · · · ·		
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SECRETARY OF STATE
ASIGN OF COSTORATION



COVER LETTER

TO: Amendment Section
Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: YOLANDE VARIETY Store and Beauty Supply INE DOCUMENT NUMBER: 7-130000 84214
DOCUMENT NUMBER: 7-130000 84214
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Marie Fernande Se Jour. Name of Contact Person
Firm/ Company
845 NW 11987
Address H19H1 F/a 33168
City/ State and Zip Code Pencl' Solour Yahroo Com. E-mail address. (to be used intyre annual report notification)
For further information concerning this matter, please call:
Marie ForMando Selauk. at (786-) 382-8315 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 Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment

to Articles of Incorporation

(Name of Corporation as	Store or	nd Beauty Sup	odies Inc
	13000084		
	Number of Corporation (
`	•	Florida Profit Corporation adopts the follow	ving amendment(s) to
A. If amending name, enter the new na	me of the corporation:		
			The new
name must be distinguishable and conto "Corp.," "Inc.," or Co.," or the designoword "chartered," "professional associate	ation "Corp," "Inc," or	on," "company," or "incorporated" or the "Co". A professional corporation name mu. "P.A."	abbreviation
B. <u>Enter new principal office address, i</u> (Principal office address <u>MUST BE A ST</u>		845 NW 11956 Mig Flg 33168	_
C. Enter new mailing address, if application (Mailing address MAY BE A POST C		100 NW 124 St 1119 Fla 3316	_ _ &
D. If amending the registered agent and new registered agent and/or the new			SECTION SECTION
Name of New Registered Agent	Marie Fer	NAMUE SEJOUR	ECRETARY SION OF C
<u>New Registered Office Address</u> :	VOONW 12 (Florida s. H19 (City	USA Iree1 address) , Florida33168	

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

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

DIC FUMBLE 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 <math>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 Doe	
X Remove	<u>v</u>	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change		Benel Sejour	100 NW 124St-
Add		Renel Sejour Marie F. Sejour Renel Sejour	Man: Fla 33/68
2) Change		Kenel Sejour	
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Remove			
5) Change			
Add Remove			
6) Change			
Remove			

Attach	nding or adding additional and additional and additional sheets, if necessar	y). (Be specific)	inge(s) nere:		
	None				
,					
prov	amendment provides for an isions for implementing the if not applicable, indicate N/A	amendment if not	fication, or cance contained in the	ellation of issued sl amendment itself:	hares,
	NA.				
			·		

The date of each amendment(s) adoption: date this document was signed. Effective date if applicable: (no more than 90 days after amendment file date)	, if other than the
Adoption of Amendment(s) (CHECK ONE) The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s)	(s)
by the shareholders was/were sufficient for approval. The amendment(s) was/were approved by the shareholders through voting groups. The following statem must be separately provided for each voting group entitled to vote separately on the amendment(s):	ent
"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 sharehold action was not required.	ler
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 11/11/13 Signature Production of the contraction of the contract	
(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 courappointed fiduciary by that fiduciary)	
Renel Sejour	
(Typed or printed name of person signing)	
CEO	
(Title of person signing)	