

P130000086116

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H16000161746 3)))



H160001617463ABC%

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850) 617-6380

From: Account Name : CORP USA
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

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

Email Address: _____

**COR AMND/RESTATE/CORRECT OR O/D RESIGN
MIJOR HAIR DESIGN, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	06
Estimated Charge	\$35.00

112885

RECEIVED
16 JUL -5 PM 1:31
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

16 JUL -5 PM 3:59
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

JUL 06 2016
C McNAIR

Electronic Filing Menu

Corporate Filing Menu

Help

14

H1000010746

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION:

MITOR HAIR DESIGN, PNC

DOCUMENT NUMBER:

P13000086116

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

Please return all correspondence concerning this matter to the following:

Maui C. Magarino

Name of Contact Person

Firm/ Company

145 SW. 8 street # 1401

Address

Miami - FL - 33130

City/ State and Zip Code

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

For further information concerning this matter, please call:

Maui C. Magarino

Name of Contact Person

at (305) 469-1354

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

SECRETARY OF STATE
DIVISION OF CORPORATIONS
16 JUL -5 PM 3:58

SECRETARY OF STATE
DIVISION OF CORPORATIONS
16 JUL -5 PM 3:59

Articles of Amendment
to
Articles of Incorporation
of

Mijor Hair Design, Inc.
(Name of Corporation as currently filed with the Florida Dept. of State)

P13000086116

(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)

6920 Harding Ave
Apt #501
Miami Beach FL 33141

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

6920 Harding Ave
Apt #501
Miami Beach FL -
33141

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 Nereida Torres
6920 Harding Avenue apt 501
(Florida street address)
New Registered Office Address: Miami Beach, Florida 33141
(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.

Homes

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

Types of Action
(Check One)

Title

Name

Address

1) <input type="checkbox"/> Change	<u>PT</u>	<u>MARIA C MAGARENO</u>	<u>145 SW 8 street</u>
<input type="checkbox"/> Add			<u>#1401</u>
<input checked="" type="checkbox"/> Remove			<u>Miami FL-33130</u>
2) <input type="checkbox"/> Change	<u>PT</u>	<u>Jorge A Chechi</u>	<u>6920 Harding Ave</u>
<input checked="" type="checkbox"/> Add			<u>Apt 501</u>
<input type="checkbox"/> Remove			<u>Miami Beach</u>
3) <input type="checkbox"/> Change			<u>FL - 33141</u>
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
4) <input type="checkbox"/> Change	<u>VP</u>	<u>Miguel Morejon</u>	<u>3140 NW 99 street</u>
<input type="checkbox"/> Add			<u>Miami FL</u>
<input checked="" type="checkbox"/> Remove			<u>33147</u>
5) <input type="checkbox"/> Change	<u>VP</u>	<u>Nereida Torres</u>	<u>6920 Harding Ave</u>
<input checked="" type="checkbox"/> Add			<u>apt #501</u>
<input type="checkbox"/> Remove			<u>Miami Beach FL 33141</u>
6) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

1

[illegible]

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

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

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 _____

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)

Nereida Torres
(Typed or printed name of person signing)

(Title of person signing)