## PH-000028643

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SECRETARY OF STATE
AND ANASSEE FI OR 104

MAY 1 8 2014 C. CARROTHERS

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION:	AMAL'S BEAUTY	SALON, INC			
DOCUMENT NUMBER: P14000028643					
The enclosed Articles of Amendment and fee are submitted for filing.					
Please return all correspondence	concerning this mate	ter to the following:			
ALI H GI	HONEIM				
		Name of Contact Person			
		Firm/ Company			
5836 STI	RLING RD				
		Address			
HOLLYV	VOOD FL 33021				
		City/ State and Zip Code	<b>;</b>		
SONIA@GSTO	DLLEY.COM				
E-ma	iil address: (to be use	ed for future annual report	notification)		
For further information concerni-	ng this matter, pleaso	e call:			
HAYSSAM GHONEIM		954 at (	_) 330-2138		
Name of Contact Person		Area Coo	de & Daytime Telephone Number		
Enclosed is a check for the follow	wing amount made p	ayable to the Florida Depa	rtment of State:		
	3.75 Filing Fee & rtificate 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		Amend Divisio Clifton 2661 E	Address ment Section n of Corporations Building xecutive Center Circle ssee, FL 32301		

## Articles of Amendment to Articles of Incorporation of

AMAL'S BEAUTY SALON, INC

(Name of Corporation as curren	tly filed with the Florida Dept. of State)	
P14000028643	_	
(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, thits Articles of Incorporation:	s Florida Profit Corporation adopts the following am	residinent
A. If amending name, enter the new name of the corporation:	; [	ή≺ - 70 -
N/A	That	Spew F
ame must be distinguishable and contain the word "corporat Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or vord "chartered," "professional association," or the abbreviation	on," "company," or "incorporated" or the abbre "Co". A professional corporation name must conto	viation
B. Enter new principal office address, if applicable:	N/A	
Principal office address MUST BE A STREET ADDRESS )		
. Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	N/A	
. If amending the registered agent and/or registered office ad-	dress in Florida, enter the name of the	
new registered agent and/or the new registered office addre	<u>ss:</u>	
Name of New Registered Agent N/A		
(Florida s	treet address)	
New Registered Office Address: N/A	Florida	
iten registered Office radiress.	(City) , r Iorida (Zip Code)	<del></del>
New Registered Office Address: N/A	(City) , Florida (Zip Code)	
ew Registered Agent's Signature, if changing Registered Agen hereby accept the appointment as registered agent. I am familiar	t: with and accept the obligations of the position	
Turn jurinitar	min and accept the conganons 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: 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)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	P	HAYSSAM GHONEIM	19913 SW 3RD PL
x Add			PEMBROKE PINES FL 33029
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Damoua			

E. <u>If ame</u> (Attach	nending or adding additional Articles, enter change(s) ch additional sheets, if necessary). (Be specific)	here:
V/A		
'. <u>If an a</u>	n amendment provides for an exchange, reclassification ovisions for implementing the amendment if not contain	n, or cancellation of issued shares,
()	(if not applicable, indicate N/A)	ned in the amendment resert.
N/A		
<u>.</u>		
-		

	05/07/15	
The date of each amendment(s) add date this document was signed.	option:	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	<del></del>
Note: If the date inserted in this blo document's effective date on the Dep	ock does not meet the applicable statutory filing requirements, this date will, rartment of State's records.	ot be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were adop by the shareholders was/were suff	sted by the shareholders. The number of votes cast for the amendment(s) ficient for approval.	
	oved by the shareholders through voting groups. The following statement ach 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 adop action was not required.	ted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were adop action was not required.	ted by the incorporators without shareholder action and shareholder	
05/07/15 Dated		
Signature	Tu Z	_
selected,	ector, 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 d fiduciary by that fiduciary)	
H	HAYSSAM GHONEIM	
_	(Typed or printed name of person signing)	
P	PRESIDENT	
_	(Title of person signing)	