# P1400005611a

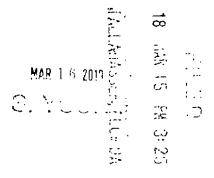
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#### **COVER LETTER**

TO: Amendment Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations
NAME OF CORPORATION: Ramona & Jon's Hair Salon, Inc
DOCUMENT NUMBER: <u>P14000056112</u>
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Virginia P. Sherlock Name of Contact Person
Littman, Sherlock & Heims, P.A.
618 SE Ocean Blvd Suite 5
Stuart, FL 34994 City/ State and Zip Code
ISh awa belisouth net  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Virginia P. Sherlock at (772) 287 · O200  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 Certified Copy (Additional copy is enclosed)  \$43.75 Filing Fee Certified Copy (Additional Copy is enclosed)  \$43.75 Filing Fee Certified Copy (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of Corporations

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

#### Articles of Amendment

to

## Articles of Incorporation of

Ramona & Jon's Ho	AIT SALON, INC.	<del></del>		
	tion as currently filed with the Florida Dept, of Sta	<u>te</u> )		
P14000056112	iment Number of Corporation (if known)			
(Bott	inicial value of Corporation (if known)			
Pursuant to the provisions of section 607.1006, Florists Articles of Incorporation:	da Statutes, this Florida Profit Corporation adopts the	following	amendn	nent(s) to
A. If amending name, enter the new name of the	corporation:			
Ramona & Co. Hair S	Salon Inc		The ne	en.
name must be distinguishable and contain the wo	ord "corporation," "company," or "incorporated" p," "Inc," or "Co". A professional corporation na	or the abo	breviatie ontain ti	on he
B. Enter new principal office address, if applicab (Principal office address MUST BE A STREET AD				-
	-	٠	ب. دی	-
		7	-	-
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B)	OX)	不	185 ·	11
,g			<u></u>	-{
		1		- (-)
				-
D. If amending the registered agent and/or regist- new registered agent and/or the new registered	ered office address in Florida, enter the name of the doffice address:		. 23	
Name of New Registered Agent				
	(Florida street address)			
New Registered Office Address:	Florida	l		
	(City)	(Zip Co	ode)	-
New Registered Agent's Signature, if changing Re	raistered Agent			
	I am familiar with and accept the obligations of the p	osition.		
Sie	mature 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 Do	<u>e</u>	
X Remove	<u>v</u>	Mike Jo	nes	
X Add	<u>sy</u>	Sally Sn	nith	
Type of Action (Check One)	Title		Name	Addruss
1) Change		_		
Add				
Remove				
2) Change		_		
Add				
Remove				
3) Change		<del></del>		
Add				
Remove				
4) Change		<del></del>		
Add				
Remove				
5) Change				
Add		_		
Remove				
6) Change				
Add		_		
Remove				

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)	•			
		<u>-</u>			
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			_		
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f an amendment provides for an exch	ange, reclassificati	on, or cancellatio	n of issued share	<u>s,</u>	
provisions for implementing the amer (if not applicable, indicate N/A)	idment if not conta	ined in the amen	dment itself:		
(y not apprecions, mileane tora)	`				
			· <del> 1</del>		
			10.		

The date of each amendment(s) adoption: February 1, 2018	_, if other than the
late this document was signed.	
Effective date if applicable: (no more than 90 days after amendment file date)	<del></del>
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will document's effective date on the Department of State's records.	not be listed as the
Adoption of Amendment(s) ( <u>CHECK ONE</u> )	
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)	
(voling 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 March 12, 2018	
Signature  / Signature  / Signature  / Signature  / 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)	_
Ramona Corona (Typed or printed name of person signing)	<del></del>
President (Title of person signing)	