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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	RATION: HAIR STUDIO 7.	5 INC		
DOCUMENT NUMI	D15000000433			
The enclosed Articles	of Amendment and fee are so	abmitted for filing.		
Please return all corre	spondence concerning this ma	atter to the following:		
	GILVAM F DOS SANTOS			
		Name of Contact Person	n	
	GFS TAX & ACCOUNTING	G SERVICES		
		Firm/ Company	<del>-</del>	
	2001 W CYPRESS CREEK	RD STE 102 B		
		Address	·	
	FT LAUDERDALE FL 3330	)9		
	· · · · · · · · · · · · · · · · · · ·	City/ State and Zip Cod	e	
INFO	@GFSTAXACCT.COM			
	_	sed for future annual report	notification)	
		·		
For further information	n concerning this matter, plea	se call:		
GILVAM F DOS SAI	NTOS	954 at (	9573244	
Name of Contact Person		Area Code & Daytime Telephone Number		
Enclosed is a check fo	r the following amount made	pavable to the Florida Depa	urtment of State:	
		, , , , , , , , , , , , , , , , , , , ,	, , , , , , , , , , , , , , , , , , ,	
S35 Filing Fee	□S43.75 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		Street Address		
	endment Section		ment Section	
	sion of Corporations Box 6327		n of Corporations	
Tailahassee, FL 32314		Clifton Building 2661 Executive Center Circle		

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

		ol			
HAIR STUDIO 75 INC					
(Name o	of Corporation as curren	ntly filed with the Florida Dept. of Stat	te)		
P15000000422	,				
	(Document Number	of Corporation (if known)			<del>-</del>
Oursuant to the provisions of section 607, ts Articles of Incorporation:	1006, Florida Statutes, th	is Florida Profit Corporation adopts the	following	ameno	dment(s
A. If amending name, enter the new na	me of the corporation:				
name must be distinguishable and cont				The i	new
"Corp" "Inc.," or Co.," or the designa word "chartered," "professional associat B. Enter new principal office address, i Principal office address <u>MUST BE A ST</u>	tion," or the abbreviation if applicable:	1 "P.A."		19	_
C. Enter new mailing address, if application (Mailing address MAY BE A POST C		7455 COLLINS AVE STE 205		PR -8	
		MIAMI BCH FL 33141		<u>က်</u>	_ C./
			5.1	07	
			<del></del>		_
). If amending the registered agent and	l/or registered office ad	dress in Florida, enter the name of the			
new registered agent and/or the new	· · ·				
Name of New Registered Agent	GFS TAX & ACCOUNT	TING SERVICES			
	2001 W CYPRESS CRE	FK RD STF 102 B	<del></del>		

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

New Registered Office Address:

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

Signature of New Registered Agent, If changing

(Florida street oddress)

(City)

## 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)	Title	<u>Name</u>	Address
1) Change	P	PAULO CESAR DE OLIVEIRA	2654 SANTOSH COVE
X Add			KISSIMMEE FL 34746
Remove			
2) X Change	VP_	JULIETA POLETO	7455 COLLINS AVE STE 205
Add			MIAMI BCH 33141
Remove			
3 ) Change			
Add			
Remove			
4) Change			<u> </u>
Add			
Remove		·	
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	adding additional Arti ul sheets, if necessary).	(Be specific)				
/A						
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provisions for it	t provides for an exchange the amen	ange, reclassifica	tion, or cancellati	on of issued shar	es,	
(if not applie	cable, indicate N/A)	idment ii not con	tante in the ame	nament itsen:		
		<del></del>				

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
Effective date if applicable: (no more than 90 days after amendment file date)	
<b>Note:</b> If the date inserted in this block does not meet the applicable statutory filing requirements, this date we document's effective date on the Department of State's records.	vill 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 east for the amendment(s) was/were sufficient for approval	
by	
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.	
APRIL 03, 2019 Dated	
Signature Tuli's Polity  (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)  JULIETA POLETO	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	