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S. YOUNG

## COVER LETTER

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	RATION: HAIR STUDIO 75	INC			
DOCUMENT NUMI					
	of Amendment and fee are su	bmitted for tiling.			
Please return all corre	spondence concerning this ma	tter to the following:			
	JULIETA POLETO				
		Name of Contact Person	1		
	HAIR STUDIO 75 INC				
	Firm/ Company				
7455 COLLINS AVE SUITE 205					
	Address				
	MIAMI BEACH FL 33141				
		City/ State and Zip Cod	e		
	INFO@TAXESBYGEORGE	ENET			
	=	sed for future annual report	notification)		
For further informatio	n concerning this matter, pleas	se call: at ( <sup>786</sup>	, 53 <b>4</b> 5186		
Name o	of Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check fo	r the following amount made				
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Ame Divi P.O.	ling Address endment Section sion of Corporations Box 6327 phassee, FL 32314	Amend Divisio The C 2415 Y	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303		

## Articles of Amendment to Articles of Incorporation of

Ì	ы	٨	I₽	STI	31	)IO	75	INC	1

HAIR STUDIO 75 INC		
(Name of Corporation as curre	ntly filed with the Florida Dept. of	State)
P15000000422		
(Document Number	er of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, thits Articles of Incorporation:	nis <i>Florida Profit Corporation</i> adopts	s the following amendment(s) to
A. If amending name, enter the new name of the corporation:	<u> </u>	
		The new
name must be distinguishable and contain the word "corporation, "Inc.," or Co.," or the designation "Corp." "Inc," or "Co", "chartered," "professional association," or the abbreviation "P.	A professional corporation name	he abbreviation "Corp"
B. Enter new principal office address, if applicable:	-	
(Principal office address <u>MUST BE A STREET ADDRESS</u> )		2020
	<del></del>	<u> </u>
C. Enter new mailing address, if applicable:		21 27 27 28
(Mailing address MAY BE A POST OFFICE BOX)		
		FOR T
		5-2
		<u> </u>
D. If amending the registered agent and/or registered office a		<u>f the</u>
new registered agent and/or the new registered office addr	'ess:	
Name of New Registered Agent		<del>_</del> -
(Florida	street address)	<del></del>
New Registered Office Address:	Flo	orida
Sen registeres Office Autority.	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Age I hereby accept the appointment as registered agent. I am familia		tha maritian
тиетелу иссерстве арролитет из тедіметей идет. Тит затав	ar wan and accept the oraginions of	те ромион.
Signature of Nev	v Registered Agent, if changing	
Check if applicable		
☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (1	1) (e), F.S.	

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)

Example:

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.

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

If amending or adding additional Art (Attach additional sheets, if necessary).	ticles, enter change(s) here: . (Be specific)
	<del>-</del>
If an amendment provides for an exc provisions for implementing the ame (if not applicable, indicate N/A)	change, reclassification, or cancellation of issued shares, nendment if not contained in the amendment itself:

	01/17/2020	76 at at at
The date of each amendment(s) date this document was signed.	adoption:	, if other than the
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
<b>Note:</b> If the date inserted in this document's effective date on the	s block does not meet the applicable statutory filing requirements. Department of State's records.	, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were action was not required.	idopted by the incorporators, or board of directors without shareho	lder action and shareholder
■ The amendment(s) was/were a by the shareholders was/were	idopted by the shareholders. The number of votes east for the ame sufficient for approval.	ndment(s)
	approved by the shareholders through voting groups. The following or each voting group entitled to vote separately on the amendment	
"The number of votes ca	ist for the amendment(s) was/were sufficient for approval	
by	<u>;</u> -	
, <u> </u>	(voting group)	
01/17/20	20)	
Dated	wietc. Polit	
selec	director, president or other officer – if directors or officers have noted, by an incorporator – if in the hands of a receiver, trustee, or officer fiduciary by that fiduciary)	
	JULIETA POLETO	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	