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DIVISION OF CORPUSALISH

410-15

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: M&B SALC	ON INC			
DOCUMENT NUM	BER: P1500001120	95			
	s of Amendment and fee are su				
Please return all corre	espondence concerning this ma	tter to the following:			
	Bertha Acosta Se	egui			
	Name of Contact Person				
	M&B SALON INC				
		Firm/ Company			
	16125 SW 147TH	H ST			
	Address				
	MIAMI, FL 33196	•			
		City/ State and Zip Cod	e		
	F-mail address: (to be up	sed for future annual report	notification)		
	D man address, (to be a	sed for fature annual report	notification)		
For further information	on concerning this matter, pleas	se call:			
_					
Bertha Acosta Segui		_{at (} 239	867-6985		
Name of Contact Person		Area Co	de & Daytime Telephone Number		
Enclosed is a check f	or the following amount made	payable to the Florida Depa	artment 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			Address		
Amendment Section		Amendment Section			
Division of Corporations P.O. Box 6327		Division of Corporations Clifton Building			
Tallahassee, FL 32314		2661 Executive Center Circle			
		Tallahassee, FL 32301			

Articles of Amendment to Articles of Incorporation of



15 APR -7 AM 7: 45

		10	<u> </u>
(Name of Corporation as	currently filed with the F	Florida Dept. of State)	
M&B SALON INC. P1500	00011205		
(Document	t Number of Corporation (if known)	
Pursuant to the provisions of section 607.1 its Articles of Incorporation:	006, Florida Statutes, this	Florida Profit Corporation adopts	the following amendment(s) to
A. If amending name, enter the new na	me of the corporation:		
N/A			The new
name must be distinguishable and conto "Corp.," "Inc.," or Co.," or the designo word "chartered," "professional associat	tion "Corp," "Inc," or	"Co". A professional corporation	
B. Enter new principal office address, i	f annlicable:	15940 SW 141 Terr	
(Principal office address MUST BE A STREET ADDRESS)		Miami, Fl 33196	
		- 121 - 11 - 1	
C. Enter new mailing address, if applic		N/A	
(maining address <u>milit be it i best o</u>	n i i i i i i i i i i i i i i i i i i i		
D. If amending the registered agent and new registered agent and/or the new			the
Name of New Registered Agent	N/A		
,	(Florida st	reet address)	
N. B 100	N/A		
New Registered Office Address:	(City,	, Florida)	(Zip Code)
New Registered Agent's Signature, if ch	anging Registered Agent	t:	
I hereby accept the appointment as registe			the position.
	nature of New Registered	Agent if changing	
yıc	nature of New Registered	ngem, y chunging	

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>oe</u>	
X Remove	<u>V</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	Title		<u>Name</u>	Address
1) Change		_		
Add Remove				
2) Change		_		
Add Remove				
3) Change		_		
Add				
Remove				
4) Change		_		
Add Remove				
5) Change		_		
Add				
Remove				
6) Change		_		·
Add				

Attach additional sheets, if necessary).	(Be specific)
A	
	•
	
If an amendment provides for an excl	hange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
/A	
•	
····	

The date of each amendment(s) adoption: N/A	FILEU STAIL	, if other than the
date this document was signed.	DIVISION OF CORPORATION	•
Effective date if applicable: (no more that	an 90 days after amendment file date)	
Adoption of Amendment(s) (CHECK ONE)		
The amendment(s) was/were adopted by the shareholders. by the shareholders was/were sufficient for approval.	The number of votes cast for the amendment(s)	
The amendment(s) was/were approved by the shareholders must be separately provided for each voting group entitled	through voting groups. The following statement d to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was	/were sufficient for approval	
by	,	
by(voting group)		
The amendment(s) was/were adopted by the board of direc action was not required.	tors without shareholder action and shareholder	
The amendment(s) was/were adopted by the incorporators action was not required.	without shareholder action and shareholder	
Dated 04/02/2015 Signature		
(By a director president or other	officer – if directors or officers have not been in the hands of a receiver, trustee, or other court iary)	_
Bertha Acosta Segu	ui .	
(Typed	or printed name of person signing)	
President		
	(Title of person signing)	