P15000026704

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SECRETARY OF STATE
DIVISION OF CORPORATION

Amund Mand Na 5/12/15

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	ATION: PAULA'S UNIXE	X OF FLORIDA CORP					
DOCUMENT NUMBI	P15000026704						
The enclosed Articles of Amendment and fee are submitted for filing.							
Please return all corresp	ondence concerning this mat	ter to the following:					
		PAULA MUNOZ					
-	Name of Contact Person						
	PAULA'S UNISEX OF FLORIDA CORP						
_	Firm/ Company						
	7101 N COMMERCIAL BLVD APT 4-G						
_	Address						
FORT LAUDERDALE, FL. 33319							
_	City/ State and Zip Code						
	LATINT	AX@HOTMAIL.COM					
	E-mail address: (to be us	ed for future annual report	notification)				
For further information concerning this matter, please call:							
PAULA MUNOZ	·	at (419-1171				
Name of	Contact Person	Area Co	de & Daytime Telephone Number				
Enclosed is a check for	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 Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Ameno Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle assee, FL 32301				

Articles of Amendment to Articles of Incorporation of



PAULA'S UNIXEX OF FLORIDA, CORP

	urrently filed with the Florida Dept. of State)
P15000026704 (Document Nu	mber of Corporation (if known)
·	es, this Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corporate PAULA'S UNISEX OF FLORIDA, CORP	ion: The new
	poration," "company," or "incorporated" or the abbreviation " or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	7101 W COMMERCIAL BLVD APT 4-G
(Principal office address MUST BE A STREET ADDRESS)	FORT LAUDERDALE, FL. 33319
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	7101 W COMMERCIAL BLVD APT 4-G
	FORT LAUDERDALE, FL. 33319
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office a	
Name of New Registered Agent	
(Flo	orida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fai	
Signature	f 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	PT	John Do	<u>e</u>		
X Remove	<u>V</u>	Mike Jo	<u>nes</u>		
_X Add	<u>\$V</u>	Sally Sn	n <u>ith</u>		
Type of Action (Check One)	<u>Title</u>		Name		<u>Addres</u> s
1) Change		_		-	
Add					
Remove					
2) Change					
Add				•	
Remove				•	
3) Change				•	
Add		_		-	
Remove				•	
4) Change	-	_		-	.
Add					
Remove					
5) Change					
		_		•	
Add				•	
Remove					
6) Change		_			1,1,1,1
Add					
Remove					

, ;,	(Be specific)	
		—
		_
an amendment provides for an exch provisions for implementing the amer	nange, reclassification, or cancellation of issued shares, and and an analysis of the same of itself;	
(if not applicable, indicate N/A)		
(if not applicable, indicate N/A)		_
(if not applicable, indicate N/A)		_ _
(if not applicable, indicate N/A)		
(if not applicable, indicate N/A)		
(if not applicable, indicate N/A)		

The date of each amendment(s) adoption: date this document was signed.	, if other than the
04/15/2015 Effective date if applicable:	
(no more than 90 days after amendment file of	date)
Note: If the date inserted in this block does not meet the applicable statutory filing requirement of state's records.	nents, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
■ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the by the shareholders was/were sufficient for approval.	amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The folial must be separately provided for each voting group entitled to vote separately on the amend	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by" (voting group)	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action as action was not required.	nd shareholder
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shaction was not required.	nareholder
04/15/2015	
Signature Toolog Now 2	
(By a director, president or other officer – if directors or officers he selected, by an incorporator – if in the hands of a receiver, trustee, appointed fiduciary by that fiduciary)	
PAULA MUNOZ	
(Typed or printed name of person signing)	·
PRESIDENT	
(Title of person signing)	