# P1500030519

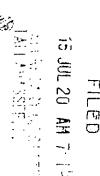
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| Certified Copies        | _ Certificates    | s of Status |
| Special Instructions to | Filing Officer:   |             |
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Office Use Only



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## **COVER LETTER**\*\*

| TO: Amendment Section Division of Corporations  |
|---|
| NAME OF CORPORATION: Gilitz & Glamour Salon Inc.  DOCUMENT NUMBER: P15000030519   |
| The enclosed Articles of Amendment and fee are submitted for filing.  |
| Please return all correspondence concerning this matter to the following:   |
| Diane Zahuranec  Name of Contact Person  Glitz & Grangur Salon Inv  Firm/Company  4557 NE 2nd Ave  Address  Fort Lauderdale FL 33334  City/State and Zip Code  Hair Wiane 29a ya Loo. Com  E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call:  |
| Diane Zahuranec at 954 817-0948  Name of Contact Person 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  (Additional copy is enclosed)  Certificate of Status  Certified Copy  (Additional Copy  (Additional Copy                   |

Mailing Address
Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

# **Street Address**

**Amendment Section** Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

is enclosed)

# Articles of Amendment to Articles of Incorporation

| Articles of Incorporation of   |
|--|
| Glitz & Glamour Sakn Inc   |
| (Name of Corporation as currently filed with the Florida Dept, of State)   |
| P15000030519   |
| (Document Number of Corporation (if known)   |
| Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation:   |
| A. If amending name, enter the new name of the corporation:  |
|  |
| name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."   |
| B. Enter new principal office address, if applicable: 4551 NE 2nd Ave  |
| (Principal office address MUST BE A STREET ADDRESS)  Fort Laude dale FL  |
| 33334  |
|  |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  |
|  |
|  |
|  |
| D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:  |
| Name of New Registered Agent   |
| Hame of New Registered rigent  |
| (Florida street address)   |
| New Registered Office Address: 4551 NE and Ave Ft Landorable Florida 33334   |
| (City) (Zip Code)  |
| and the control of th |
| Now Desirated Association of the state of th |
| New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.   |
|  |
| 22 <del>2</del> 2  |
| Signature of New Registered Agent, if changing   |
|  |

| f amending or adding additional Arti<br>Attach additional sheets, if necessary). | (Be specific)  |
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| f an amendment provides for an exch  | nange, reclassification, or cancellation of issued shares, |
| (if not applicable, indicate N/A)  | ndment if not contained in the amendment itself:           |
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