P15000042595

(Re	equestor's Name)	
(Ac	dress)	
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(Ci	ty/State/Zip/Phone	e #)
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OCT 2 2015 C LEWIS

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: MARYBELLA'S F	IAIR DESIGNS, INC.	
DOCUMENT NUME	BER: P15000042595		
	of Amendment and fee are sul	bmitted for filing.	
Please return all corres	spondence concerning this mat	ter to the following:	
	WILFREDO ACEVEDO		
		Name of Contact Persor	1
	ABC ACCOUNTING AND	TAX SERVICES, INC	
		Firm/ Company	
7	1987 SLTVERWEED WAY	7 mile Company	
		Address	<u> </u>
	OVIEDO FL 32765		
		City/ State and Zip Code	e
abelf	40a@yahoo.com		
	- •	ed for future annual report	notification)
	13-tikin address, (to be ds	ed for future aimidal report	nonneation)
For further information	n concerning this matter, pleas	e call:	
WILFREDO ACEVEDO		407 at (718-4773
Name of Contact Person			de & Daytime Telephone Number
Enclosed is a check fo	r the following amount made p	payable to the Florida Depa	ertment 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)
Ame Divi P.O.	ling Address endment Section sion of Corporations Box 6327 ahassee, FL 32314	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building executive Center Circle ussee, FL 32301

Articles of Amendment to Articles of Incorporation of



MARYBELLAS'S HAIR DESIGNS, INC

15 SEP 29 PM 12: 57

(Name of Corporation	as currently filed with the Florida Dept. of State)
P15000042595	
(Documer	nt Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida S ts Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corp	poration:
MARYBELLA'S HAIR DESIGNS, INC	The new
	"corporation," "company," or "incorporated" or the abbreviation "Inc," or "Co". A professional corporation name must contain the
3. Enter new principal office address, if applicable:	MARYBELLA'S HAIR DESIGNS, INC
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	ESS) 1001 BECKSTORM DR
	OVIEDO FL 32765
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered new registered agent and/or the new registered of	d office address in Florida, enter the name of the
N/A	nce address.
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	, Florida
New Registered Office Address.	(City) (Zip Code)
New Registered Agent's Signature, if changing Regist I hereby accept the appointment as registered agent. I d	tered Agent: am familiar with and accept the obligations of the position.
C:at	ure of 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	<u>PT</u>	John Do	<u>oe</u>			
X Remove	<u>v</u>	Mike Jones				
X Add	<u>sv</u>	Sally Sr	<u>nith</u>			
Type of Action (Check One)	Title		Name		Address	
1) N/A Change	N/A	_	N/A			
Add						
Remove						
2) Change		_				
Add						
Remove						
3) Change						
Add						
Remove					<u> </u>	
4) Change		_		-		
Add						
Remove						
5)Change		_				
Add						
Remove				·		
6)Change		_		-	·	
Add						
Remove						

E. If amending or adding additional Articles, enter change(s) (Attach additional sheets, if necessary). (Be specific)	<u>here</u> :
N/A	
F. If an amendment provides for an exchange, reclassification provisions for implementing the amendment if not contain	n, or cancellation of issued snares, ned in the amendment itself:
(if not applicable, indicate N/A)	
N/A	

The date of each amendment(s) ad	loption:	, if other than the	
date this document was signed.		SECRETARY OF SEAR DIVISION OF CORPORATE	, Žus
Effective date if applicable:			
	(no more than 90 days after amendment file date)	15 SEP 29 PM 12: 5	7
Note: If the date inserted in this bl document's effective date on the Dep	lock does not meet the applicable statutory filing requirements, this dat partment of State's records.	e will not be listed as the	
Adoption of Amendment(s)	(<u>CHECK ONE</u>)		
The amendment(s) was/were ado by the shareholders was/were suf	pted by the shareholders. The number of votes cast for the amendment(s) fficient for approval.)	
	roved by the shareholders through voting groups. The following stateme each voting group entitled to vote separately on the amendment(s):	ા	
"The number of votes cast i	for the amendment(s) was/were sufficient for approval		
by MARYBELL LEBRON	,"		
	(voting group)		
The amendment(s) was/were ado action was not required.	pted by the board of directors without shareholder action and shareholde	F	
The amendment(s) was/were ado action was not required.	pted by the incorporators without shareholder action and shareholder		
selected	rector, president or other officer – if directors or officers have not been it, by an incorporator – if in the hands of a receiver, trustee, or other coursed fiduciary by that fiduciary)		
	MAR/BELL LEBRON		
	(Typed or printed name of person signing)		
	PRESIDENT		
	(Title of person signing)		