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COVER LETTER

TO: Amendment Section

Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: Hing's Salon, Inc.			
DOCUMENT NUMBER: FIS OOO +4152			
The enclosed Articles of Amendment and fee are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
Riaz Akram Name of Contact Person Hina's Salon, Inc. Firm/ Company AST N. University Drive Address Pembroke Pines Fl 33024 City/ State and Zip Code			
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call: RIAZ PAKRAM at (914) 330-9464			
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 Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed)			
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton Building			

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to

Articles of factor	hotation				
of Calas To					
Hinas Saion Inc					
(Name of Corporation as currently filed with the Florida Dept. of State)					
P1500007415e	<u></u>				
(Document Number of C	orporation (II known)				
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida</i> Articles of Incorporation:	orida Profit Corporation adopts the following amendment(s)				
A. If amending name, enter the new name of the corporation:					
NIA	The new				
name must be distinguishable and contain the word "corporation," "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Coword "chartered," "professional association," or the abbreviation "P.	"company," or "incorporated" or the abbreviation ". A professional corporation name must contain the				
B. Enter new principal office address, if applicable:	NA				
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	29				
C. Enter new mailing address, if applicable:	257 N. University Deive				
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	Por Lastin D. Com				
	rembruse Pines, + 1= 0				
	33074				
D. If amending the registered agent and/or registered office addres	s in Florida, enter the name of the				
new registered agent and/or the new registered office address:	s in Piorita, enter the name of the				
Name of New Registered Agent WA					
Nume of New Registered Agent	· · · · · · · · · · · · · · · · · · ·				
(Florida street	address)				
, 1/A					
New Registered Office Address: (C.	, Florida				
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with	h and accept the obligations of the position.				
Signature of New Registered Agent, if changing					
Signature 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	PT John	Doe	
X Remove	V Mike	Jones	
X Add	SV Sally	Smith	
Type of Action (Check One) 1) Change Add Remove	Title P	Name AKram Riaz	Address 6321 Lincoln St. 1tollywood, Fl 33024
2) Change Add	Pe	Riaz Akram	6321 Lincolnst Itollywood, Fl
Remove 3) Change Add Remove	VP	Humara Riaz	Hollywood, fl 33024
4) Change Add Remove	VP	Nadia LakHani	14701 Wesley HNI DAVIE, FI 33325
5) Change Add Remove			
6) Change Add			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)	
(Attach additional sneets, if necessary). (be specific)	
NIA	
	<u></u>
16. 16. 16. 16. 16. 16. 16. 16. 16. 16.	
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shar provisions for implementing the amendment if not contained in the amendment itself:	<u>28,</u>
(if not applicable, indicate N/A)	
NIA	

The date of each amendment(s) adoption:	a/30/cs	, if other than the
date this document was signed.	9-4-15	
Effective date <u>if applicable</u> :	(no more than 90 days after amendme	ent file date)
Note: If the date inserted in this block does document's effective date on the Department o		requirements, this date will not be listed as the
Adoption of Amendment(s) (CI	HECK ONE)	
☐ The amendment(s) was/were adopted by the by the shareholders was/were sufficient for		for the amendment(s)
☐ The amendment(s) was/were approved by the must be separately provided for each voting		
"The number of votes cast for the ame	endment(s) was/were sufficient for approv	val
by NIA		"
(ve	oting group)	
☐ The amendment(s) was/were adopted by the action was not required.	e board of directors without shareholder a	action and shareholder
The amendment(s) was/were adopted by the action was not required.	e incorporators without shareholder action	n and shareholder
Dated 9 30 15		
	Color.	
	esident or other officer - if directors or of	
	corporator – if in the hands of a receiver, ry by that fiduciary)	trustee, or other court
-	RION ALDON	\wedge
	(Typed or printed name of person signin	ng)
	President	
	(Title of person signing)	