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JAN 8 2016 C. CAKKUTHERS

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: KAIRO'S BEAUT	Y SALON AND SPA INC			
DOCUMENT NUMB	P15000095157				
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.			
Please return all corresp	oondence concerning this ma	tter to the following:			
		Angel Xavier Bacz Munoz			
-	Name of Contact Person				
-	Firm/ Company				
-		Address			
-		City/ State and Zip Code	:		
For further information	concerning this matter, pleas				
Name o	f Contact Person	at (<u>727</u> Area Co	de & Daytime Telephone Number		
•	the following amount made				
S35 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)		
Amer Divis P.O.	ing Address Indiment Section Islands of Corporations Box 6327 Ihassee, FL 32314	Amend 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

KAIRO'S BEAUTY SALON AND SPA INC.

(Name of Corp	oration as currently filed with the Florida	Dept. of State)	
	P15000095157		
(E	Document Number of Corporation (if known)		
Pursuant to the provisions of section 607.1006, Fits Articles of Incorporation:	Florida Statutes, this <i>Florida Profit Corporati</i>	ion adopts the following amendment(s)	to
A. If amending name, enter the new name of	the corporation:		
		The new	
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association," of	'Corp," "Inc," or "Co". A professional co	corporated" or the abbreviation or poration name must contain the	
B. Enter new principal office address, if appli	icable:		
(Principal office address MUST BE A STREET		2016 2016	
		HAC: N	q
		A	E
C. Enter new mailing address, if applicable:			i Fi
(Mailing address MAY BE A POST OFFIC	<u>E BOX</u>)] E
		GRI 2:	ŧ
•			
D. If amending the registered agent and/or re	gistered office address in Florida, enter th	e name of the	
new registered agent and/or the new regis	tered office address:		
Name of New Registered Agent	ANGEL XAVIER BAEZ MUNOZ		
nume of the negative and	1400 SEMINOLE BLVD. BLDG /	Λ	
	(Florida street address)		
New Registered Office Address:	LARGO	. Florida 33770	
New Registered Office Address.	(City)	(Zip Code)	
New Registered Agent's Signature, if changing			
I hereby accept the appointment as registered at	gent. I am familiar with and accept the oblig	zations of the position.	
· Jan			
- Jarge -	1 step		
	Signature of New Registered Agent, if change	ging	

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 Doe		
X Remove	<u>v</u>	Mike Jones		
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s	
1) Change	P	ELIZABETH MUNOZ SOTO	1201 SEMINOLE BLVD APT 437	
/			LARGO, FL 33770	
X Remove				
2) Change	P	ANGEL XAVIER BAEZ MUNOZ	1201 SEMINOLE BLVD APT 437	
X Add			LARGO, FL 33770	
Remove				
3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

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

• •	12/29/2015	
The date of each amendment(s) ac date this document was signed.		, if other than the
Effective date if applicable:	12/29/2015	
Elective date in applicable.	(no more than 90 days after a	mendment file date)
Note: If the date inserted in this b document's effective date on the De	ock does not meet the applicable statutory partment of State's records.	y filing requirements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were add by the shareholders was/were su	pted by the shareholders. The number of verticient for approval.	otes cast for the amendment(s)
	roved by the sharcholders through voting greach voting group entitled to vote separate	
	For the amendment(s) was/were sufficient for	or approval
by	(voting group)	, n
	(voting group)	
☐ The amendment(s) was/were add action was not required.	pted by the board of directors without share	cholder action and shareholder
The amendment(s) was/were add action was not required.	pted by the incorporators without sharehold	der action and shareholder
12/29/2015		
DatedSignature	& Bay	
(By a d	rector, president or other officer - if direct	
	 by an incorporator – if in the hands of a r ed fiduciary by that fiduciary) 	eceiver, trustee, or other court
	ANGEL XAVIER BAEZ MU	NOZ
	(Typed or printed name of person	on signing)
	PRESIDENT	
	(Title of person sign	nine)