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JIVISION OF CORPORATION OF CORPORATI

JUL 25 2016 C LEWIS

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Maria Rubio Ba	arber & Salon, Inc
DOCUMENT NUMBER: P15000096055	
The enclosed Articles of Amendment and fee are	submitted for filing.
Please return all correspondence concerning this n	natter to the following:
Jose L Almarales	
	Name of Contact Person
Professional Services Bo	pokkeeping Inc
	Firm/ Company
736 NW 22nd Av	
	Address
Miami, FI 33125	
	City/ State and Zip Code
jose@professionalservicesmia	ami.com
E-mail address: (to be	used for future annual report notification)
For further information concerning this matter, ple Jose I Almarales	305 642-3000
Name of Contact Person	at ()
Enclosed is a check for the following amount mad	• .
■ \$35 Filing Fee & Certificate of Status	Certified Copy (Additional copy is enclosed) \$\int \frac{1}{3}\$52.50 Filing Fee Certified Copy (Additional Copy is enclosed)
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

Articles of Amendment to Articles of Incorporation of

FILED JECRETARY OF STATE BYISION OF CONTORATION

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2016 JUL 15 AM 8: 57

Maria Rubio Barber & Salon, Inc

(No-	of Company tion of currently	filed with the Florida Dept. of State)
P15000096055	or Corporation as currently	Theu with the Florida Dept. of State
	(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this A	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name, osvaldo Barber Shop INC	ame of the corporation:	· The new
	nation "Corp," "Inc," or "C	n," "company," or "incorporated" or the abbreviation Co". A professional corporation name must contain the
B. Enter new principal office address, (Principal office address MUST BE A S		
C. Enter new mailing address, if applica <u>ble:</u> (Mailing address <u>MAY BE A POST OFFICE BOX</u>)		736 NW 22nd Av
		Miami FL 33125
D. If amending the registered agent an new registered agent and/or the new		
Name of New Registered Agent	Jose L Almarales	
	736 NW 22nd AV	
	(Florida stre	
New Registered Office Address:	Miami	33125 , Florida
		(City) (Zip Code)
New Registered Agent's Signature, if c I hereby accept the appointment as regist	hanging Registered Agent: tered agent. I am familiar w	with and accept the obligations of the position.
	Signature of New Ro	egistered 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.

X Change	PT	John Doe	
X Remove	<u>v</u>	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	Pdt	Maria Rubio Gonzalez	18904 NW 47th PL
Add			Miami FL 33055
X Remove			
2) Change	Pdt	Osvaldo R. Martinez Aguilera	473 E 12th St
X Add			Hialeah, FL 33010
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
Character .			
6) Change Add			
Remove			

Attach additional sheets, if necessary).	cles, enter change (Be specific)				
					
					
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f an amendment provides for an exch	ange, reclassificat	tion, or cancellati	on of issued sha	res.	
provisions for implementing the ame	ndment if not cont		TOTAL PERSONAL		
provisions for implementing the amer (if not applicable, indicate N/A)	ndment if not con	tamed in the ame			
provisions for implementing the ame	ndment if not con				_
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The date of each amendment(s) ac	option:	ف.	r list exetably	U Ofifióther than the
date this document was signed.	option:):VIS	ION OF CO	RPORALION
Effective date if applicable:	(no more than 90 days	2016 after amendment file date)	JUL 15.	AM 8: 57
Note: If the date inserted in this b document's effective date on the De	lock does not meet the applicable st partment of State's records.	atutory filing requirements, thi	s date 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 su	pted by the shareholders. The number fficient for approval.	er of votes cast for the amendm	ent(s)	
	roved by the shareholders through vo each voting group entitled to vote se		tement	
	for the amendment(s) was/were suffic			
by	(voting group)	94 *		
	(voting group)			
☐ The amendment(s) was/were add action was not required.	pted by the board of directors withou	t shareholder action and shareh	older	
☐ The amendment(s) was/were ado action was not required.	pted by the incorporators without sha	areholder action and shareholde	r	
07/10/2010	3			
Dated	Doud	be		_
(By a d selected	rector, president or other officer - if I, by an incorporator - if in the hands ed fiduciary by that fiduciary)			
	Osvaldo Rafael Martinez Aguilera	a		
	(Typed or printed name o	f person signing)		
	President			
	(Title of person	on signing)		