## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6380

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Account Name : DERHY FINANCIAL SERVICES LLC

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Phone : (786)380-3472
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## COR AMND/RESTATE/CORRECT OR O/D RESIGN SASON SALON INC

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AUG 25 2016

CHGAPROTHERS

Electronic Filing Menu

Corporate Filing Menu



TO: Amendment Section

## COVER LETTER

Division of Corporations SASON SALON INC NAME OF CORPORATION: DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: SHLOMI ASAYAG Name of Contact Person SASON SALON Firm/ Company 2029 HARRISON ST STE 6 Address HOLLYWOOD, FL 33020 City/ State and Zip Code B-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (786 S14-1025

Area Code & Daytime Telephone Number **BRIGITTE HERNANDEZ** Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: ■ \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & \$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

(N) of C			
	as correctly filed with the Florid	a Dept. of State)	
216000004986		<u> </u>	·
(Docume	nt Number of Corporation (if known	}	
tursuant to the provisions of section 607.1006, Florida S is Articles of Incorporation:	Statutes, this Florida Profit Corpora	tion adopts the following amendm	ent(:
. If amending name, enter the new name of the cor	poration:	•	
		The ne	1
ame must be distinguishable and contain the word	"corporation," "company," or "is	ncorporated" or the abbreviation	
Corp.," "Inc.," or Co.," or the designation "Corp,"	"Inc," or "Co". A professional c	corporation name must contain the	€5
ord "chartered," "professional association." or the al	bhreviation "P.A."	9 <u>8</u>	2
. Enter new principal office address, if applicable:		γ <sup>*</sup> ***. • • • • • • • • • • • • • • • • • • •	4-
Principal office address MUST BE A STREET ADDR	(PSS)		7
		<u> </u>	
		a a a a a a a a a a a a a a a a a a a	Ċ
			<b>*</b> •
Enter new mailing address, if applicable:			
. Enter new mailing address. If applicable: (Mailing address MAY BP A POST OFFICE BOX)	)		
. Enter new mailing address. If applicable: (Mailing address MAY BE A POST OFFICE BOX)			
Enter new mailing address. If applicable: (Mailing address MAY BE A POST OFFICE BOX)			
C. Enter new mailing address. If applicable: (Mailing address MAY BE A POST OFFICE BOX)			
(Mailing address MAY BE A POST OFFICE BOX)			
. If amending the registered agent and/or registere	d office address in Florida, enter t	be pame of the	
(Mailing address MAY BE A POST OFFICE BOX)	d office address in Florida, enter t	ne name of the	
(Mailing address MAY BE A POST OFFICE BOX)  If amending the registered agent and/or registered new registered of	d office address in Florida, enter t	· ·	
(Mailing address MAY BE A POST OFFICE BOX)  If amending the registered agent and/or registered new registered of	d office address in Florida, enter ti Nee address:	· ·	
(Mailing address MAY BE A POST OFFICE BOX)  If amending the registered agent and/or registered new registered of	d office address in Florida, enter ti Des address:	· ·	
(Mailing address MAY BE A POST OFFICE BOX)  If amending the registered agent and/or registered new registered of	d office address in Florida, enter ti Nee address:	· ·	
(Mailing address MAY BE A POST OFFICE BOX)  If amending the registered agent and/or registered new registered of	d office address in Florida, enter ti Des address:	· ·	

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)

Example:

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	<u>PT</u>	John Dog	,
X Remove	Y	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	P	AVIHU NAHARI	19380 COLLINS AVE #1211
X Add			SUNNY ISLES, FL 33160
Remove			
2) Change			
Add			
Remove		•	
3)Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

·	(Be specific)
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·	
f an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	nance, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:
<u>provisions for implementing the ame</u>	naure, recinssification, or cancellation of issued shares, adment if not contained in the amendment itself:
<u>provisions for implementing the ame</u>	nauge, recinssification, or cancellation of issued shares, adment if not contained in the amendment itself:
<u>provisions for implementing the ame</u>	nance, reclassification, or cancellation of issued shares, and and in the amendment itself:
provisions for implementing the ame	nance, reclassification, or cancellation of issued shares, andment if not contained in the amendment itself:
provisions for implementing the ame	nance, reclassification, or cancellation of issued shares, andment if not contained in the amendment itself:

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date we document's effective date on the Department of State's records.	Il not be listed as the
Adoption of Amendment(s) (CRECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by"	
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
■ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
08/24/2016 Dated	
Date	
Signature	<del>~~~~~</del>
<ul> <li>(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)</li> </ul>	
SHLOMI ASAYAG	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	