P160000008182

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02/09/16--01013--018 **35.00



Amend

FEB 11 2016

I ALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:				
DOCUMENT NUMBER: P16000008182				
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
AMALIA ESTHER REGALA	DO BARREDA			
DAZ BEAUTY SALON INC	Name of Contact Person	,		
8218 SW 163 PLACE	Firm/ Company			
MIAMI, FL33193	Address			
	City/ State and Zip Code	;		
dazbeautysalon@gmail.com				
E-mail address: (to be use	ed for future annual report	notification)		
For further information concerning this matter, please call:				
AMALIA ESTHER REGALADO BARREDA	305 at (6006546		
Name of Contact Person	Area Coo	de & Daytime Telephone Number		
Enclosed is a check for the following amount made payable to the Florida Department of State:				
\$35 Filing Fee	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Amend Divisio Clifton 2661 E	Address ment Section n of Corporations Building xecutive Center Circle ssee, FL 32301		

Articles of Amendment to Articles of Incorporation of

DAZ BEAUTY SALON INC

(Name of Corp. P16000008182	oration as currently filed with the Florida Dept. of State)
	Document Number of Corporation (if known)
	• •
Pursuant to the provisions of section 607.1006, Fits Articles of Incorporation:	Florida Statutes, this Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of	the corporation:
	The new e word "corporation," "company," or "incorporated" or the abbreviation "Corp," "Inc," or "Co". A professional corporation name must contain the or the abbreviation "P.A."
B. Enter new principal office address, if appli (Principal office address <u>MUST BE A STREET</u>	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC	E BOX)
D. If amending the registered agent and/or re new registered agent and/or the new regist	egistered office address in Florida, enter the name of the tered office address:
Name of New Registered Agent	ASSET OF PER CO
	(Florida street address)
New Registered Office Address:	(City) , Florida (Zip Code)
New Registered Agent's Signature, if changing I hereby accept the appointment as registered ag	g Registered Agent: gent. I am familiar with and accept the obligations of the position.
	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	<u>PT</u>	John Doe	
X Remove	Y	Mike Jones	
X Add	SY	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
X 1) Change	D	AMALIA ESTHER REGALADO BAYKWA	8218 SW 163 PLACE
Add			MIAMI FL 33 193
Remove			
2) Change	Р	AMALIA ESTHER REGALADO BAY	8218 SW 163 PLACE
X Add			MIAMI FL 33193
Remove			
3)Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change	_		
Add			
Remove			

ttach additional sheets, if necessary).	(Be specific)	
<u> </u>		<u>.</u>
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	1 10 11 11 11 11 11 11	
an amendment provides for an exch provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:	
(if not applicable, indicate N/A)		
		

The date of each amendment(s) adoption:		, if other than the
date this document was signed.		
02/05/2016		
Effective date if applicable:	(no more than 90 days after amendment file date)	
·		
Note: If the date inserted in this block do document's effective date on the Departmen	es not meet the applicable statutory filing requirements, this of State's records.	date will not be listed as th
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopted by by the shareholders was/were sufficient to	the shareholders. The number of votes cast for the amendmen for approval.	t(s)
	y the shareholders through voting groups. The following stater ting group entitled to vote separately on the amendment(s):	nent
"The number of votes cast for the a	amendment(s) was/were sufficient for approval	
by	"	
by	(voting group)	
☐ The amendment(s) was/were adopted by action was not required.	the board of directors without shareholder action and sharehol	der
☐ The amendment(s) was/were adopted by action was not required.	the incorporators without shareholder action and shareholder	
02/05/2016		
DatedSignature	Thul.	
(By a director, p selected, by an	president or other officer – if directors or officers have not been incorporator – if in the hands of a receiver, trustee, or other contains by that fiduciary)	
AMAL	IA ESTHER REGALADO BARREDA	
•	(Typed or printed name of person signing)	
PRESI	DENT	
	(Title of person signing)	