P1600009475

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COVER LETTER

Division of Corporations
NAME OF CORPORATION: Lawred of Spg & Noil Salon In DOCUMENT NUMBER: P1600009475
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Parthara Corallo Name of Contact Person Lavendel SPG Paril Salon Firm/ Company Company Address Davie Fl, 33024 City/ State and Zip Code Barbieaush 74 a hotmail. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call: Barbag Gradle at 754, 246-1177
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:
S35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) S43.75 Filing Fee & Certified Copy (Additional Copy is enclosed) S52.50 Filing Fee & Certified Copy (Additional Copy is enclosed)

Mailing Address

TO: Amendment Section

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
Tallahassee, FL 32301

Articles of Amendment

to

	Articles of Incor	poration			
1	0 e	1201		The	
Lavender -	ation as currently	Flod with the El	SU(U)	<u> </u>	
PIGO COSO C	211 - S	inea with the Fi	orida Dept. of St	<u>ate</u>)	
11000000	141)				
(Doc	ument Number of C	Corporation (if Kr	iown)		
Pursuant to the provisions of section 607.1006, Flor its Articles of Incorporation:	ida Statutes, this <i>FI</i>	orida Profit Cor	<i>poration</i> adopts th	ne following amendm	ent(s) to
A. If amending name, enter the new name of the	corporation:				

name must be distinguishable and contain the w "Corp.," "Inc.," or Co" or the designation "Co word "chartered," "professional association," or the	rp," "Inc," or "Co	o". A profession			n
B. Enter new principal office address, if applical (Principal office address MUST BE A STREET AL					
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE E	<u>30X</u>)			T DEC -5 PH	72 73
D. If amending the registered agent and/or regis new registered agent and/or the new registered Name of New Registered Agent		s in Florida, en	ter the name of th	he LA	
	· · · · · · · · · · · · · · · · · · ·	<u></u>			
	(Florida stree.	(address)			
New Registered Office Address:			Florid	da	
	(C	ity)		(Zip Code)	
New Registered Agent's Signature, if changing R I hereby accept the appointment as registered agent		h and accept the	obligations of the	e position.	
Si	gnature of New Reg	istered 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 D	Doc	
X Remove	<u>V</u> <u>Mike J</u>	<u>fones</u>	
X Add	SV Sally S	Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	VP	Milargros Faya	6828 Stilling Rd Davie
Add		_	F1, 33024
Remove			•
2) Change	D.F	Milargas Faya	V
Add			FL, 33024
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Tradell daminonal incess, y necessary,	ticles, enter change(s) here: (Be specific)	
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.		<u>.</u>
f an amendment provides for an exch provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:	
(if not applicable, indicate N/A)		
		

The date of each amendment(s) adoption:	, if other than the
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, the document's effective date on the Department of State's records.	is date will not be listed as the
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment by the shareholders was/were sufficient for approval.	ient(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following stamust 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 was not required.	nolder
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	r
Dated	
Signature Culle (1)	
(By a director, president or other officer - if directors or officers have not b	
selected, by an incorporator – if in the hands of a receiver, trustee, or other appointed fiduciary by that fiduciary)	court
^	
Barbara Graldo	
(Typed or printed name of person signing)	
President	
(Title of person signing)	