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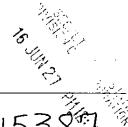
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COVER LETTER

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TO: Amendme Division					6 The second sec
NAME OF C	ORPOR	ATION:RENAISSANCE	IAIR DESIGN AND BEA	UTY SALON, INC	
DOCUMENT		P16000015387			
The enclosed A	Articles o	of Amendment and fee are su	binitted for filing.		
Please return a	ill corresp	condence concerning this mat	tter to the following:		
		MILAGROS SUAREZ			
	-		Name of Contact Persor	1	<u></u>
		RENAISSANCE HAIR DES	IGN AND BEAUTY SAL	ON, INC	
	-		Firm/ Company		
		1001 NW 17TH CT			
			Address		
. *		MIAMI, FLORIDA			
i	-		City/ State and Zip Code	2	
	MILL:	IES@BELLSOUTH.NET			
		E-mail address: (to be us	ed for future annual report	notification)	
For further info	ormation	concerning this matter, pleas	e call:		
MILAGROS SUAREZ		786 at (2297782		
Name of Contact Person		Area Co	de & Daytime Telephone Numl	ber	
Enclosed is a c	check for	the following amount made p	payable to the Florida Depa	rtment of State:	
□ \$35 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)	
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 Tallahassee, FL 32301			

Articles of Amendment to Articles of Incorporation of



(Name of Corporation as currently filed with the Florida Dept, of State) RENAISSANCE HAIR DESIGN AND BEAUTY SALON, INC (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." N/A B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) New Registered Office Address: Florida (City) (Zip Code) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am χ miliar with and accept the obligations of the position. Signature of New Registered Agent, if changing

address of each Officer (Attach additional sheets Please note the officer/d. P = President; V= Vice Executive Officer; CFO held. President, Treasure Changes should be noted	and/or I s, if neces irector tit Presiden = Chief er, Direct d in the fa	Director being added: sary) sary) , le'by the first letter of the office title: lt; T= Treasurer; S= Secretary; D= Director; The Financial Officer. If an officer/director holds may for would be PTD. Ollowing manner. Currently John Doe is listed as corporation, Sally Smith is named the V and S. The	Re Trustee; C = Chairman or Clerk; CEO = Chief ore than one title, list the first letter of each office the PST and Mike Jones is listed as the V. There is nese should be noted as John Doe, PT as a Change,
X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	S	MARIA ELVIRA FRANCO	13710 SW 56TH STREET
Add			MIAMI, FLORIDA 33175
X Remove			
2) Change			
Add			
Remove			,
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change	*****		
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Remove			
6) Change			
Add			

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(Attach aaditi	or adding additional A ional sheets, if necessary	y). (Be specific)	nge(s) nere:			
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If an amendo	nent provides for an ex	cchange, reclassif	<u>ication, or cancell</u>	ation of issued sh	ares,	
provisions for	or implementing the au oplicable, indicate N/A)	<u>mendment if not (</u>	contained in the ar	mendment itself:		
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The date of each amendmen		, if other than th
date this document was signed	- 06/21/2016	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
	this block does not meet the applicable statutory filing requirements, this date whe Department of State's records.	/ill not be listed as th
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/weby the shareholders was/weby	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.	
	re approved by the shareholders through voting groups. The following statement ed for each voting group entitled to vote separately on the amendment(s):	
"The number of votes	s cast for the amendment(s) was/were sufficient for approval	
` by		
	(voting group)	
The amendment(s) was/wer action was not required.	re adopted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/wer action was not required.	re adopted by the incorporators without shareholder action and shareholder	
06/21 Dated	/2016	
Signature _		
(B	by a director, president or other officer – if directors or officers have not been elected, by an incorporator – if in the hands of a receiver, trustee, or other court oppointed fiduciary by that fiduciary)	
	MILAGROS SUAREZ	
	(Typed or printed name of person signing)	
	PRESIDENT	

(Title of person signing)