P1700005832

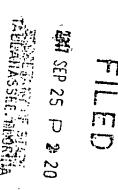
(Requestor's Name)
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PICK-UP WAIT MAIL
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SEP 27 7017



Articles of Amendment

to Articles of Incorporation

AUG	cres of incorporation
JEAN CLAUDE OLI	VIER SALONE SPA-CORALG
(Name of Corporation as	s currently filed with the Florida Dept. of State)
	10005832
(Document I	Number of Corporation (if known)
Pursuant to the provisions of section 607,1006. Florida Statits Articles of Incorporation:	tutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corpor	<u>ration:</u>
name must be distinguishable and contain the word "c "Corp.," "Inc.," or Co.," or the designation "Corp.," "I word "chartered." "professional association," or the abbr B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRES	38375W8th ST
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	3837 SN 8th ST Coral Gables FL 33134
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office Name of New Registered Agent	ffice address in Florida, enter the name of the e address:
	Fforida street address)
New Registered Office Address:	. Florida (City) Zip Code;
New Registered Agent's Signature, if changing Registere I hereby accept the appointment as registered agent. I am	ed Agent: familiar with and accept the obligations of the position. SP 25 SO 7 25 So 8 25 So 9 25
Signature	of New Registered Agent, if changing

COVER LETTER

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TO: Amendment Section Division of Corporations

NAME OF CORPORATION: JEAN CLAU	DE ()LIVIER SALON & SPA-1
DOCUMENT NUMBER: <u>P170000</u>	5832
The enclosed Articles of Amendment and fee are submitted	for filing.
Please return all correspondence concerning this matter to the	ne following:
_ Connie T	Tablada
- Fenix S	ne of Contact Person
3825 SW	Firm/ Company
Coral Gable	Address S FL 33 \ 3 State and Zip Code
E-mail address: (to be used for f	Uture annual report notification)
For further information concerning this matter, please call:	
CONNE Tablada Name of Contact Person	at (766) 266-1804 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable	to the Florida Department of State:
Certificate of Status Cer (Ad	3.75 Filing Fee & S52.50 Filing Fee criffed Copy Certificate of Status ditional copy is closed) 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

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	$\underline{\mathbf{v}}$	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	\searrow	Connie Tablada	3825 SW 8th S
Add			Coral Gables, FC
Remove			_33/34
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary),	(Be specific)
	
f an amendment provides for an exch	nange, reclassification, or cancellation of issued shares. Inducent if not contained in the amendment itself:
(if not applicable, indicate N/A)	noment it not contained in the amendment usen:
2 / 2	
T) / A	
10/1	
1	
	· · · · · · · · · · · · · · · · · · ·

The date of each amendment(s) adoption: US 10 20 17
date this document was signed.
Effective date if applicable: U8 (10 20) +
(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 will not be listed as the document's effective date on the Department of State's records.
Adoption of Amendment(s) (CHECK ONE)
☐ The amendment(s) was/were adopted by the shareholders. The number of votes east 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)
(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.
Dated 09/19/2017
Signature (COMO)
(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)
Connie Tablada
(Typed or printed name of person signing)
VP
(Title of person signing)