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I ALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: BEYOND BEAUT	Y BY SHELBIE INC	
DOCUMENT NUMB	D17000006434		
The enclosed Articles of	f Amendment and fee are sul	bmitted for filing.	
Please return all corresp	ondence concerning this man	tter to the following:	
(CONNIE L AUSTIN		
-		Name of Contact Persor	
ž	03 N WARNELL ST	The or contact Fords.	
-		Firm/ Company	
F	HARMAN & PEASLEE, P.A		
_		Address	
I	PLANT CITY, FL 33563		
•		City/ State and Zip Code	:
(CONNIE@CCHRP.COM		
-	E-mail address: (to be us	ed for future annual report	notification)
For further information CONNIE L AUSTIN	concerning this matter, pleas		. 7541713
Name o	f Contact Person	Area Co) 7541713 de & Daytime Telephone Number
Enclosed is a check for	the following amount made		
■ \$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)
Amer Divis P.O.	ing Address ndment Section ion of Corporations Box 6327 hassee, FL 32314	Amend Divisio The Co	Address ment Section n of Corporations entre of Tallahassee J. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

BEYOND BEAUTY BY SHELBIE, INC.

(Name of Corporation as currently	filed with the Florida Dept. of State)	-
P17000006424		
(Document Number of	Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this a its Articles of Incorporation:	Floridu Profit Corporation adopts the fo	llowing amendment(s) t
A. If amending name, enter the new name of the corporation:		
SG HAIR STUDIO, INC		**
name must be distinguishable and contain the word "corporation," "c "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."	ompany," or "incorporated" or the abbr professional corporation name must	The new eviation "Corp" contain the word
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		
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: Name of New Registered Agent		2021 HAR 11 PH 1: 34
(Florida stre	eet address)	
New Registered Office Address:	(City) Florida_	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w	rith and accept the obligations of the pos egistered Agent, if changing	ition.
Check if applicable	дынген лует, у спипуту	
☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.	

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 Doc	
X Remove	Y	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change			
Add			
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change	-		
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)	-1-1-1			
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			-		-
If an amendment provides for an exch provisions for implementing the ame	ange, reclassifica	tion, or cancella	ition of issued s	hares,	
(if not applicable, indicate N/A)	adment ii not cor	itamed in the an	<u>nenament itsen</u>	<u>::</u>	
			-		· · · · · ·
					·
			 -	_	
				<u>-</u>	

The date of each amendment(s) a date this document was signed.	doption:, if other than
•	NUARY 1 2021
ancenve date <u>n applicable</u> :	(no more than 90 days after amendment file date)
Note: If the date inserted in this bedocument's effective date on the D	plock does not meet the applicable statutory filing requirements, this date will not be listed as epartment of State's records.
Adoption of Amendment(s)	(CHECK ONE)
☐ The amendment(s) was/were ad action was not required.	opted by the incorporators, or board of directors without shareholder action and shareholder
The amendment(s) was/were ad- by the shareholders was/were si	opted by the shareholders. The number of votes cast for the amendment(s) afficient for approval.
The amendment(s) was/were ap must be separately provided for	proved by the shareholders through voting groups. The following statement 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)
Dated× 2	27/3024
selecte	irector, president or other officer indirectors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court
аррош	ted fiduciary by that fiduciary) SHELBIE GRAY
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)