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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	STUDIO BEAUT	Y SALONS INC		
DOCUMENT NUMBER: P17				
The enclosed Articles of Amend	<i>ment</i> and fee are su	ibmitted for filing.		
Please return all correspondence	concerning this ma	tter to the following:		
BAYON	A, EVELYN I			
	Name of Contact Person			
STUDIO	STUDIO BEAUTY SALONS INC			
-		Firm/ Company		
5661 NW	195TH DR			
	7.1	Address		
MIAMI (SARDENS, FL 330	55		
		City/ State and Zip Code	•	
evelynbayona20	13@gmail.com			
E-ma	il address: (to be us	sed for future annual report	notification)	
For further information concerni	ng this matter, pleas			
BAYONA, EVELYN I		305 at () 305-3918 de & Daytime Telephone Number	
Name of Contact	Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check for the follo	ving amount made	payable to the Florida Depa	rtment of State:	
	3.75 Filing Fee & rufficate 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 Addr Amendment Sc Division of Co P.O. Box 6327 Tallahassee, F	ection rporations	Amend Divisio Clifton	Address ment Section n of Corporations Building xecutive Center Circle	

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

	of Corporation as current	ly filed with the Florida Dept. of Sta	<u>te</u>)	
STUDIO BEAUTY SALONS INC				
	(Document Number o	f Corporation (if known)		
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, this	Florida Profit Corporation adopts the	following ame	ndment
A. If amending name, enter the new n	ame of the corporation:			
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	nation "Corp," "Inc," or "	Co". A professional corporation na	or the abbrevi	
B. Enter new principal office address,	if applicable:	5661 NW 195TH DR		
(Principal office address MUST BE A S		MIAMI GARDENS, FL 33055		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			19 AUG 27	<u></u>
			7 PH 5: 2	
D. If amending the registered agent at new registered agent and/or the ne				
Name of New Registered Agent	BAYONA, EVELYN I			
	4628 SW 125TH LN			
	(Florida str	veet address)		
New Registered Office Address:	MIRAMAR	, Florida	33027 1	
		(Cuy)	(Zip Code)	
New Registered Agent's Signature, if c I hereby accept the appointment as regist			position.	
luc	la Dayora			
	Signature of New k	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 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:

 $P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Checket CEO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each <math>\epsilon$ 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. The 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 Che Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	John Doc	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) X Change	P	BAYONA, EVELYN I	4628 SW 125TH LN
Add			MIRAMAR, FL 33027
Remove			
2) Change		_	
Add			SECA.
Remove			### AUG 7
3) Change			SSEE DE SEE DE
Add			
Remove			23
4) Change		- .	
Add			
Remove			
5) Change			
Add			
Remove			
6) Change		<u> </u>	
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)	
	
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F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,	SET 27
provisions for implementing the amendment if not contained in the amendment itself:	TE
(if not applicable, indicate N/A)	LOS D
	<u>57. 2</u>
	, 35
	

	08/13/2019	
The date of each amendment(s) add date this document was signed.	ption:	, if other than
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this blo document's effective date on the Dep	ock does not meet the applicable statutory filing requirements, this date will artment of State's records.	I not be listed as
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were adop by the shareholders was/were suff	ted by the shareholders. The number of votes cast for the amendment(s) icient for approval.	
	oved by the shareholders through voting groups. The following statement ach voting group entitled to vote separately on the amendment(s):	
"The number of votes cast fo	or the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
The amendment(s) was/were adopt action was not required.	ted by the board of directors without shareholder action and shareholder	19 /
☐ The amendment(s) was/were adoptaction was not required.	ted by the incorporators without shareholder action and shareholder	FIL AUG 27
08/13/2019 Dated	<u> </u>	3 1
		۶: 5 ک
Signature		_မိ
selected,	by an incorporator – if in the hands of a receiver, trustee, or other court diductary by that fiductary)	
	SAYONA, EVELYN I	
_	(Typed or printed name of person signing)	
1,	resident	
-	(Title of person signing)	