P17000024800

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20 JUN 22 FM 2: 4

JUN 2 4 2020 C. M.C. LAIR

COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: Hair By Dawn Ritz Inc. P17000024800 DOCUMENT NUMBER: _ 20 JUH 22 PH 2 W The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Dawn Ritz

Name of Contact Person

Hair by Dawn Ritz Inc

Firm/ Company 6906 Eastview Dr Address Lake Worth, Fc 33462 City/ State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (56) 236-5984 Area Code & Davtime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: S35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations **Division of Corporations** P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

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Articles of Amendment

Articles of Incorporation

| Hair | by | Dawn | Ritz | Inc. |
|------|----|------|----------|------|
| | | ~ | A | 01 |

(Name of Corporation as currently filed with the Florida Dept. of State)

20 yours And which

P17000024800

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

(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: | |
|--|---|
| Dawn Ritz Inc | The new |
| name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc." or "Co". "chartered," "professional association," or the abbreviation "P.A | A professional corporation name must contain the word |
| B. Enter new principal office address, if applicable: | 6906 Eastview Dr Lake Worth, FL 33462 |
| (Principal office address <u>MUST BE A STREET ADDRESS</u>) | Lake Worth, FL 33462 |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | 6906 Eastview Dr |
| | 6906 Eastview Dr. Lake Worth, FL 33462 |
| D. If amending the registered agent and/or registered office ad new registered agent and/or the new registered office address Name of New Registered Agent | |
| (Florida s | street address) |
| New Registered Office Address: | , Florida |
| New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familian | nt: |
| | NA |
| Signature of New | 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, 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 | <u>v</u> | Mike Jone | <u>s</u> | | | | |
| _X Add | <u>sv</u> | Sally Smit | <u>h</u> | | | | |
| Type of Action (Check One) | <u>Title</u> | <u>N</u> | <u>ame</u> | . / | | <u>Addres</u> s | |
| l) Change | _ | | | NA | | | |
| Add | | | | | | | |
| Remove | | | | | | | |
| 2)Change | | | | | | | |
| Add | | | | | | | |
| Remove 3) Change | | | | | | | |
| Add | | | | | | | |
| Remove | | | | | | | |
| 4) Change | | | | | | | _ |
| Add | | | | | | | |
| Remove | | | | | | | |
| 5) Change | | | | | | | |
| Add | | | | | | | |
| Remove | | | | | | | |
| 6) Change | | | | | | | - |
| Add | | | | | | | |
| Remove | | | | | | | |

| Attach additional: | ding additional Articles, enter change(s) here: heets, if necessary). (Be specific) |
|--------------------|---|
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| f an amendment | provides for an exchange, reclassification, or cancellation of issued shares, |
| provisions for im | plementing the amendment if not contained in the amendment itself: |
| (η ποι αργπιοι | h / / A |
| | ible. indicate N/A). |
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| The date of each amendment(s) ad date this document was signed. | loption: | , if other than the |
|--|---|------------------------------|
| - | (no more than 90 days after amendment file date) | |
| | (no more than 90 days after amendment file date) | |
| Note: If the date inserted in this bl document's effective date on the De | lock does not meet the applicable statutory filing requirements, this dat partment of State's records. | te will not be listed as the |
| Adoption of Amendment(s) | (<u>CHECK ONE</u>) | |
| The amendment(s) was/were ado action was not required. | pted by the incorporators, or board of directors without shareholder actic | on and shareholder |
| ☐ The amendment(s) was/were ado by the shareholders was/were su | pted by the shareholders. The number of votes cast for the amendment(sflicient for approval. | 5) |
| | roved by the shareholders through voting groups. The following stateme each voting group entitled to vote separately on the amendment(s): | था |
| | for the amendment(s) was/were sufficient for approval | |
| by | (voting group) | |
| (By a di selected | rector, president or other officer – if directors or officers have not been l, by an incorporator – if in the hands of a receiver, trustee, or other coursed fiduciary by that fiduciary) | _ _ |
| | Dawn Ritz | |
| | (Typed or printed name of person signing) | |
| | President (Title of person signing) | |
| | (Title of person signing) | |