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## COVER LETTER

TO: Amendment Sec Division of Corp				
NAME OF CORPO	PRATION: Millys Hair Care I	nc.		
	IBER: P17000029850		<del></del>	
The enclosed Article	s of Amendment and fee are su	ibmitted for filing.		
Please return all corre	espondence concerning this ma	tter to the following:		
	Miledys Tamarez			
		Name of Contact Person	n	
	Millys Hair Care Inc.			
Firm/ Company				
7169 Pembroke Rd.				
	Address			
	Pembroke Pines, Fl. 33023			
		City/ State and Zip Cod	e	
milly	yhaircare@gmail.com			
<del></del>	E-mail address: (to be us	sed for future annual report	notification)	
For further information	on concerning this matter, pleas	se call:		
Miledys Tamarez		at (	987-4217	
Name	of Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check f	or the following amount made	payable to the Florida Depa	artment of State:	
\$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	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

Millys Hair Care Inc.			
(Name of	Corporation as currently filed with t	the Florida Dept. of State)	
P17000029850			
	(Document Number of Corporation	(if known)	
Pursuant to the provisions of section 607.1 its Articles of Incorporation:	006, Florida Statutes, this <i>Florida Profi</i>	it Corporation adopts the following amendment	(s) to
A. If amending name, enter the new nar	ne of the corporation:		
		The new	
	tion "Corp," "Inc," or "Co". A prof	ny," or "incorporated" or the abbreviation fessional corporation name must contain the	
B. Enter new principal office address, if (Principal office address MUST BE A ST			
	<del></del>		
C. Enter new mailing address, if applic			
(Mailing address <u>MAY BE A POST O</u>	FFICE BOX)		
D. If any and its walls are determed a second and			
D. If amending the registered agent and new registered agent and/or the new		a, enter the name of the	
	Miledys Tamarez		
Name of New Registerea Agent			
-	(Florida street address)		
New Registered Office Address:		, Florida	
	(City)	(Zip Code)	
N. D. L. B. A. G. L. B.			
New Registered Agent's Signature, if challenges the appointment as register.		pt the obligations of the position.	
	•	20	- <b></b>
		- LA	
	CV D	T & T	
	Signature of New Registered Age	ent, if changing SSEN 20	
	`		

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; I'= 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.

X Change	PT John	Doe	
X Remove	<u>V</u> <u>Mike</u>	e Jones	
X Add	SV Sally	Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
I) Change	P	Miledys Tamarez	7169 Pembroke Rd Bembroke Pome Fl
X_ Add		•	Pembroke Pinie Fl
Remove			33023
2) Change			
Add			<del>-1</del>
Remove			
3) Change	-	***	
Add			
Remove			
•			
4) Change	<del></del>	The All Three of Accounts	
Add			
Remove			<del></del>
5) Change			
Add			
Remove			
6) Change			·
Add			
Remove			•

Page 2 of 4

E. If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)
N/A	
	, , , , , , , , , , , , , , , , , , , ,
	<del>-</del>
F. If an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,  ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	nument is not contained in the amenument user.
N/A	

The date of each amendment(s) as date this document was signed.	option:		, if other than the
Effective date if applicable:		•	
Interior date it applicable.	(no more than 90 do	ays after amendment file date)	<del></del>
Note: If the date inserted in this b document's effective date on the De		e statutory filing requirements, this date wi	ill not be listed as the
Adoption of Amendment(s)	(CHECK ONE)		
The amendment(s) was/were add by the shareholders was/were su	oted by the shareholders. The number of the ficient for approval.	mber of votes cast for the amendment(s)	
		h voting groups. The following statement e separately on the amendment(s):	
"The number of votes cast	or the amendment(s) was/were su	afficient for approval	
by	(voting group)		
	(voting group)		
the amendment(s) was/were addaction was not required.	oted by the board of directors wit	hout shareholder action and shareholder	
☐ The amendment(s) was/were ado action was not required.	oted by the incorporators without	shareholder action and shareholder	
April 11, 20	17		
Dated	111.	<del>-</del>	
Signature	teleoff ame	19	
(By a diselected		ir directors or officers have not been ands of a receiver, trustee, or other court	
	Miledys Tamarez		
	CEO. $\mathcal{M}_{\mathcal{U}}^{\mathfrak{d}}$	light Canous	
	(Title of p	erson/stigning)	