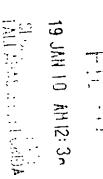
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(f	Requestor's Name)	
(/	Address)	
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: JMC	rie Hair Studio INC
DOCUMENT NUMBER: P170	00061075
The enclosed Articles of Amendment and fee are sub	omitted for filing.
Please return all correspondence concerning this matt	ter to the following:
	Name of Contact Person Nettie Davis, Inc.
	92 2 SW Baya Dr. Lake City, FL′32025
<u></u>	Address
E-mail address: (to be use	City/ State and Zip Code in Com ed for future annual report notification)
For further information concerning this matter, please	e call:
Name of Contact Person	at (386) 752 4(76 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made p	ayable to the Florida Department of State:
□ \$35 Filing Fee & Certificate of Status	S43.75 Filing Fee & S52.50 Filing Fee Certified Copy (Additional copy is enclosed) S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations	Street Address Amendment Section Division of Compositions

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment

Articles of Incorporation

	C_{i}^{of}	10 840
J Narie Hair	Studio INC 1944	10 AH 12:3
(Name of Corporation	n as currently filed with the Florida Dept. of State)	
P170000	061075	Confin
	ent Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida 5 its Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the follow	ving amendment(s) t
	BARDER Studio No. "corporation," "company," or "incorporated" or the "Inc." or "Co". A professional corporation name mu	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDR	RESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX		<u>briar</u> 32024
D. If amending the registered agent and/or registered new registered agent and/or the new registered of		
Name of New Registered Agent	<u> </u>	
	(Florida street address)	_
New Registered Office Address:	, Florida	
men Registered Office Address.		ip Code)
New Registered Agent's Signature, if changing Regis I hereby accept the appointment as registered agent. It	tered Agent: am familiar with and accept the obligations of the position	1.
Signat	ure 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		6
X Remove	<u>v</u>	Mike Jones		营量型
X Add	<u>sv</u>	Sally Smith		一等 6
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s	19 JEN 10 M. R. 3.7
1) Change		_	 	
Add				
Remove				··· -
2) Change				
Add				
Remove				
3)Change			·	
Add				
Remove				
4) Change				
Add				
Remove				
5) Change	<u></u>			
Add				
Remove				
6) Change			•	
Add				
Remove				

Attach additional sheets, if necessary). (Be specific)	19 JAN 10 AH 12:
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for amondment provides for an auchania malanification on an auchania	
f an amendment provides for an exchange, reclassification, or cancellatio provisions for implementing the amendment if not contained in the amen	on or issued shares,
(if not applicable, indicate N/A)	

The date of each amendment(s) adoption: date this document was signed. if other than the
Effective date if applicable: (no upre 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 cast 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
"The number of votes cast for the amendment(s) was/were sufficient for approval
by
☐ 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.
Signature (By a director, president or other officer – if directors or officers have not been selected, by antincorporator—If in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary) (By a director, president or other officer – if directors or officers have not been selected, by antincorporator—If in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
(Typed or printed name of person signing)
DRe5
(Title of person signing)