P18000014578

| | (Requestor's Name) |
|----------------------|--------------------------|
| | (Address) |
| | (Address) |
| | (City/State/Zip/Phone #) |
| PICK-UF | P WAIT MAIL |
| | (Business Entity Name) |
| | |
| | (Document Number) |
| Certified Copies | Certificates of Status |
| Special Instructions | s to Filing Officer: |
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C. GOLDEN FEB 2 8 2019

COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPOR | ATION: MARGARITA DO | OMINICAN BEAUTY PAI | RLOR INC | | | |
|--|---|--|--|--|--|--|
| DOCUMENT NUMBI | | | | | | |
| | f Amendment and fee are su | ibmitted for filing. | | | | |
| Please return all corresp | ondence concerning this ma | tter to the following: | | | | |
| , | ANA M MORAN | | | | | |
| _ | | Name of Contact Person | <u> </u> | | | |
| , | MARGARITA DOMINICA | N BEAUTY PARLOR INC | | | | |
| _ | | Firm/ Company | · · · | | | |
| 3 | 311 EAST HALLANDALE BEACH BLVD | | | | | |
| _ | | Address | | | | |
| ŀ | IALLANDALE BEACH, F | LORIDA 33009 | | | | |
| _ | | City/ State and Zip Cod | e | | | |
| ilka95- | 15447591@gmail.com | | | | | |
| | | sed for future annual report | notification) | | | |
| | • | | | | | |
| For further information | concerning this matter, pleas | se call: | | | | |
| ANA M MORAN | | at (|) <u>826-4357</u> | | | |
| Name of | Contact Person | Area Co | de & Daytime Telephone Number | | | |
| Enclosed is a check for | the following amount made | payable to the Florida Depa | artment of State: | | | |
| ■ \$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) | | | |
| | ng Address | | Address | | | |
| Amendment Section Division of Corporations | | Amendment Section Division of Corporations | | | | |
| P.O. Box 6327 | | Clifton Building | | | | |
| Tallahassee, Fl. 32314 | | 2661 Executive Center Circle | | | | |

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



2019 FEB 25 AH 11:

MARGARITA DOMINICAN BEAUTY PARLOR INC

| (Name of Corporation as current | tly filed with the Florida Dept. of State) |
|---|--|
| P18000014578 | en all market and a second and a |
| (Document Number | of Corporation (if known) |
| Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation: | s Florida Profit Corporation adopts the following amendment(s) |
| A. If amending name, enter the new name of the corporation: | |
| FAMOUS DOMINICAN HAIR SALON INC | The new |
| name must be distinguishable and contain the word "corporati "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc." or word "chartered," "professional association," or the abbreviation | "Co". A professional corporation name must contain the |
| B. Enter new principal office address, if applicable: | N/A |
| (Principal office address MUST BE A STREET ADDRESS) | |
| , | |
| | |
| C. Enter new mailing address, if applicable: | N/A |
| (Mailing address MAY BE A POST OFFICE BOX) | INA |
| | |
| | |
| | |
| D. If amending the registered agent and/or registered office adenew registered agent and/or the new registered office address | |
| N/A | |
| Name of New Registered Agent | |
| (Florida e | treet address) |
| | |
| New Registered Office Address: | , Florida |
| | |
| | |
| New Registered Agent's Signature, if changing Registered Agen | it: |
| I hereby accept the appointment as registered agent.—I am familiar | with and accept the obligations of the position. |
| | |
| | |
| Signature of New | Ragictored Agant if changing |

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, at 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 = Chi Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each officheld. 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 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 Jones | |
| X Add | <u>sv</u> | Sally Smith | |
| Type of Action (Check One) | <u>Title</u> | <u>Name</u> | <u>Addres</u> s |
| 1) Change | | _ | |
| Add | | | |
| Remove | | | |
| 2) Change | | | |
| Add | | | |
| Remove | | | |
| 3) Change | | | |
| Add | | | - |
| Remove | | | |
| Kemove | | | |
| 4) Change | | | |
| Add | | | |
| Remove | | | |
| | | | |
| 5) Change | | | |
| Add | | | |
| Remove | | | |
| 6) Change | | | |
| Add | | - | |
| Remove | | | |
| | | | |

| E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific) |
|--|
| WE ARE AMENDING ARTICLE I, (THE NAME OF THE CORPORATION) |
| NAME OF CORPORATION AS CURRENTLY FILE WITH THE DEPARTMENT OF STATE: |
| MARGARITA DOMINICAN BEAUTY PARLOR, INC |
| |
| NEW NAME: FAMOUS DOMINICAN HAIR SALON INC |
| |
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| |
| |
| , |
| F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares. |
| provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A) |
| N/A |
| |
| |
| |
| |
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| |
| |

| The date of each amendmen | 02/18/2019 t(s) adoption: | , if other than t |
|--|--|-----------------------------------|
| date this document was signed | | |
| nten ut i kui teis atsutiassi | 02/18/2019 | |
| Effective date <u>if applicable</u> : | (no more than 90 days after amendment file date) | |
| | this block does not meet the applicable statutory filing requirements, the Department of State's records. | is date will not be listed as the |
| Adoption of Amendment(s) | (<u>CHECK ONE</u>) | |
| | re adopted by the shareholders. The number of votes cast for the amendmere sufficient for approval. | ent(s) |
| ☐ The amendment(s) was/we must be separately provide | re approved by the shareholders through voting groups. The following stated for each voting group entitled to vote separately on the amendment(s): | dement |
| | s cast for the amendment(s) was/were sufficient for approval | |
| by | (voting group) | |
| | (voting group) | |
| ☐ The amendment(s) was/we action was not required. | re adopted by the board of directors without shareholder action and shareh | nolder |
| ☐ The amendment(s) was/we action was not required. | re adopted by the incorporators without shareholder action and shareholde | r |
| 02/18 Dated | 7/2019 | |
| Signature | Agulije /2. | |
| | 3 a director, president or other officer - if directors or officers have not b | |
| | elected, by an incorporator – if in the hands of a receiver, trustee, or other | court |
| а | ppointed fiduciary by that fiduciary) | |
| | ANA M MORAN | |
| | (Typed or printed name of person signing) | |
| | PRESIDENT | |
| | (Title of person signing) | |