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## COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: KARMELY HAIR	SALON INC	
DOCUMENT NUMB	P18000030371		
The enclosed Articles of	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	DENIA DELA ROSA		
		Name of Contact Person	1
		Firm Company	
	5661 CURRY FORD RD		
	ORLANDO FLORIDA 328:	Address	
		City/ State and Zip Cod	
For further information	n concerning this matter, pleas	se call:	
DENIA DELA ROSA		at (	591-6021
Name of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	nament of State:
S35 Filling 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)
Ame Dive P.O.	ling Address Indinent Section Issue of Corporations Issue 6327 Islansee, F1, 32314	Ameno Divisio Cliftor 264 I	Address  Iment Section on of Corporations  Building Executive Center Circle  assee, FL 32301

## Articles of Amendment to Articles of Incorporation of

## KARMELY HAIR SALON INC

(Name of Corporation as currently	filed with the Florida Dept. of State	)
P18000030371		
(Document Number of C	Corporation (if known)	***************************************
Pursuant to the provisions of section $607,1006$ , Florida Statutes, this $F_0$ its Articles of Incorporation:	lorida Profit Corporation adopts the f	ollowing amendment(s) to
A. If amending name, enter the new name of the corporation:		
		The _new
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc." or "C word "chartered," "professional association," or the abbreviation "P	<ul> <li>A professional corporation name</li> </ul>	r the abbreviation e must contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )		
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u> )		18 SEP 1
D. If amending the registered agent and/or registered office address:  new registered agent and/or the new registered office address:	ss in Florida, enter the name of the	E PE 4 17
Name of New Registered Agent		<del></del>
42 11	a . 11	
Ælorida stree		
New Registered Office Address:	, Florida	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent.—I am familiar wi	ith and accept the obligations of the po	osition.
I hereby accept the appointment as registered agent. I am familiar wi	ith and accept the obligations of the po	osition.

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 Doc 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: XChange	PT	John Doc	
X Remove	$\overline{\lambda}$	Mike Jones	
<u>X</u> Add	$\underline{SV}$	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) X Change	Р	DENIA DELA ROSA	6033 VILLAGE CIR
Add			ORLANDO FLORIDA 32822
Remove			
2) Change			
Add			
Remove			
3 ) Change			<del></del>
Add			
Remove			
4) Change			
Add			~
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)	
···-	· · · · · · · · · · · · · · · · · · ·	
		_
If an amendment provides for an exch	hange, reclassification, or cancellation of issued shares.	
provisions for implementing the ame	ndment if not contained in the amendment itself:	
(if not applicable, indicate NA)		
<del></del>	<u> </u>	

•	08/31/2018	
The date of each amendment(s) ac	option:	, if other than the
date this document was signed.		
	1/2018	
Effective date if applicable:	(no more than 90 days after amendment file date)	
<b>Note:</b> If the date inserted in this b document's effective date on the De	lock does not meet the applicable statutory filing requirements, this department of State's records.	ite will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
■ The amendment(s) was/were ado by the shareholders was were su	pted by the shareholders. The number of votes cast for the amendment(flictent for approval.	s)
	roved by the shareholders through voting groups. The following statemer each voting group entitled to vote separately on the amendment(s):	ent
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were add action was not required.	pted by the board of directors without shareholder action and sharehold	er
The amendment(s) was/were add action was not required.	pted by the incorporators without shareholder action and shareholder	
08/31/201	3	
Dated	ascayces	
selecte	irectors, president or other officer – if directors or officers have not been I, by an incorporator – if in the hands of a receiver, trustee, or other couled (iduciary by that fiduciary)	
	DENIA DELA ROSA	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	