P18000067645

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SECRETARY OF STATE
SECRETARY OF STATE

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COVER LETTER

TO: Amendment Section

P.O. Box 6327

Tallahassee, FL 32314

THE DEC -6 PH 3: 40 Division of Corporations NAME OF CORPORATION: MUSA SALON & SPA,CORP DOCUMENT NUMBER: P18000067645 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: NADEGE JIMINIAN Name of Contact Person MUSA SALON & SPA, CORP Firm/ Company 4962 NW 88TH AVE Address LAUDERHILL, FL 33351 City/ State and Zip Code LATINTAX@HOTMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (954) 2838513

Area Code & Daytime Telephone Number JIMINIAN NADEGE Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: ■ \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy (Additional Copy enclosed) is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations Clifton Building

> 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

MUSA SALON & SPA CORP

(Name of Corporation as co	urrently filed with the Florida Dept. of State)	A Care
P18000067645		The state of the s
(Document Nu	umber of Corporation (if known)	23 6
Pursuant to the provisions of section 607,1006, Florida Statute its Articles of Incorporation:	es, this Florida Profit Corporation adopts the follo	owing amenument(s)
A. If amending name, enter the new name of the corporat	ion:	
		The new
name must be distinguishable and contain the word "corp" "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc word "chartered," "professional association," or the abbrev	;" or "Co". A professional corporation name m	ne abbreviation nust contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
D. If amending the registered agent and/or registered offi new registered agent and/or the new registered office a		
Name of New Registered Agent		
(Fla	orida street address)	
New Registered Office Address:	(City), Florida,	(Zip Code)
	10000	(C-)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fa		ion
петеор иссерт те арропитет из гедімегей идет. Титуа	minut with and water the confidences of the position	
Characteristics	CNow 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 Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) X Change	P	NADEGE JIMINIAN	610 JEFERSON DR UNIT 109
Add			DEERFIELD BEACH, FL 33442
Remove			***
2) Change	P	CARMELITA A REGAN	4009 N UNIVERSITY DR APT 21
Add			SUNRISE, FL 33351
X Remove			
3) Change	_		
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
() Change			
6) Change	 -		
Add			
Remove			

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	NOVEMBER 30,2018	
The date of each amendment(s) a	loption:	, if other than the
date this document was signed.	SENAIDED 04 2019	
Effective date if applicable:	TEMBER 04,2018	
	(no more than 90 days after an	nendment file date)
Note: If the date inserted in this bedocument's effective date on the De		filing requirements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were add by the shareholders was/were su	pted by the shareholders. The number of volfficient for approval.	tes east for the amendment(s)
	proved by the shareholders through voting groeach voting group entitled to vote separately	
"The number of votes cast	for the amendment(s) was/were sufficient for	approval
100		**
	(voting group)	·
	pted by the board of directors without shareh	nolder action and shareholder
☐ The amendment(s) was/were add action was not required.	pted by the incorporators without shareholde	er action and shareholder
NOVEM	BER 30,2018	
Dated		
	1/6	
Signature	Volege Turnia	
(By a d	irector, président or other officer – if director	rs or officers have not been
	d, by an incorporator – if in the hands of a re- ted fiduciary by that fiduciary)	ceiver, trustee, or other court
иррош	• •	
	NADEGE JIMINIAN	
	(Typed or printed name of persor	n signing)
	VP	
	(Title of person signi	ng)