P18000093013

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COVER LETTER

TO: Amendment Section

Division of Corporations

Tallahassee, FL 32314

NAME OF CORPOR	RATION: Hai	r Logic	Inc	
DOCUMENT NUMBER: \$\\ \partial 18000093013				
The enclosed Articles	of Amendment and fee are su	omitted for filing.		
Please return all corres	spondence concerning this mat	ter to the following:		
	chasem	JaFarn	na Jar	
		Name of Contact Person	ı	
	Firm/ Company			
	1657 Tyler St # 300			
	Hollywood FL 33020 City/ State and Zip Code			
	J	City/ State and Zip Code		
	9224625	egmailico.	<i> </i>	
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Chasen	JuFarme d	or al 954	92.2 -4625	
Name o	of Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check for the following amount made payable to the Florida Department of State:				
□ \$35 Filing Fee	S43.75 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)	
Mailing Address			Address	
Amendment Section Division of Corporations		Amendment Section Division of Corporations		
P.O. Box 6327		Clifton Building		

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment

to

Articles of Incorporation

of

Hair Logic Fnc			
(Name of Corporation as currently	filed with the Florida Dept. of State)		
P18000093013			
(Document Number of C	Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	lorida Profit Corporation adopts the fo	ollowing amendn	nent(s) to
A. If amending name, enter the new name of the corporation:			
Hair & SKIN LOgic name must be distinguishable and contain the word "corporation,	Inc.	The ne	w
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	o". A professional corporation name	the abbreviation the contain the	on se
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	<u> </u>	<u>. </u>	
		7010	
		· · · · · · · ·	
C. Enter new mailing address, if applicable:	1/14	· ;	
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)		<u>. ()</u>	
			سعد, أ
		مُن	-
D. If amending the registered agent and/or registered office addresses new registered agent and/or the new registered office address:	ss in Florida, enter the name of the	9	
Name of New Registered Agent N/A			
Name of New Registered Agent		<u>. </u>	
(Florida stree	address)		
New Registered Office Address:(0	, Florida City)	(Zip Code)	
	•		
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar wi	th and accept the obligations of the po	sition.	
NIA			
Signature of New Reg	gistered 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	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change		N/A	
Add			
Remove		,	
2) Change		N/A	
Add			
Remove		. (.	
3) Change		<u> </u>	
Add			· · · · · · · · · · · · · · · · · · ·
Remove			
4) Change		NA	
Add			
Remove		i	
5) Change		NA	
Add		,	
Remove			
6) Change		NA	
Add		· —	
Remove			

N/A-			
			
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exchange, reclassifica	tion, or cancellatio	n of issued shares,	
amendment if not con	tained in the amen	dment itself:	
1)			
N/A			
<i>U</i> , ,			
	 		
		<u> </u>	
	amendment if not con 4)	amendment if not contained in the amend 4)	exchange, reclassification, or cancellation of issued shares, amendment if not contained in the amendment itself: 4)

The date of each amendment(s) adoption:	Semi	, if other than
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does document's effective date on the Department o	not meet the applicable statutory filing requirements, this of State's records.	date will not be fisted as
Adoption of Amendment(s) (CI	HECK ONE)	
The amendment(s) was/were adopted by the by the shareholders was/were sufficient for	e shareholders. The number of votes cast for the amendme approval.	ent(s)
	he shareholders through voting groups. The following state g group entitled to vote separately on the amendment(s):	ement
"The number of votes cast for the ame	endment(s) was/were sufficient for approval	
by	oting group)	
() v	oting group)	
☐ The amendment(s) was/were adopted by the action was not required.	e board of directors without shareholder action and shareholder	older
action was not required.	e incorporators without shareholder action and shareholder	
Dated 4/29/	2019	
Signature		
(By a director, pre	esident or other officer - if directors or officers have not be	en
	corporator - if in the hands of a receiver, trustee, or other of	court
• •	ry by that fiduciary)	
6	(Typed or printed name of person signing)	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	

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