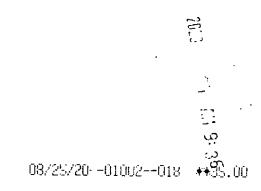
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PICK-UP WAIT MAIL
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COVER LETTER

TO: Amendment Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations NAME OF CORPORATION: CARE4HAIR ,INC DOCUMENT NUMBER: P18000094307 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Yariel Gonzalez Name of Contact Person care4Hair .Inc Firm/ Company 8500 SW 8 ST SUITE 246 Address MIAMI FLORIDA 33144 City/ State and Zip Code INFO@CARE4HAIRMIAMLCOM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: YARIEL GONZALES at (305) 262-6070 Area Code & Daytime Telephone Number 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 Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) **Mailing Address** Street Address Amendment Section Amendment Section **Division of Corporations** Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

Articles of Amendment to Articles of Incorporation of

CARE4HAIR ,INC			<u> </u>
	of Corporation as curren	ntly filed with the Florida Dept. of State)	Gr.
P18000094307			. بې َ
	(Document Number	of Corporation (if known)	, ,
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, thi	is Florida Profit Corporation adopts the following	ng amendment(s)
A. If amending name, enter the new r	ame of the corporation:		
			_The new
name must be distinguishable and contai "Inc.," or Co.," or the designation " "chartered," "professional association,	Corp," "Inc," or "Co".	"company," or "incorporated" or the abbreviati A professional corporation name must conta- ."	on "Corn "
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		8500 SW 8 ST SUITE 246	
		MIAMI FLORIDA 33144	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		8500 SW 8 ST SUITE 246	
		MIAMI FLORIDA 33144	
D. If amending the registered agent a	ad/ar revistered affice ad	dress in Florida, enter the name of the	
new registered agent and/or the ne	w registered office addre	ss:	
Name of New Registered Agent	YARIEL GONZALES		
	8500 SW 8 ST SUITE 24	.6	-
	(Florida s	treet address)	_
New Registered Office Address:	MIAMI		
			Code)
N. D. C.			
New Registered Agent's Signature, if c	hanging Registered Agen	t: with and accept the obligations of the position.	
as region	crea agent. Tum jaminar	with and accept the configurous of the position.	

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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)

Example:

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.

X Change	<u>PT</u>	<u>John Doe</u>				
X Remove	<u>V</u>	Mike Jones				
X Add	<u>sv</u>	Sally Smith				
Type of Action (Check One)	Title	<u>Name</u>			Address	
1) Change	P	LAUR.	A ARENCIA		8506 SW 8 ST	
Add					MIAMI FL 33144	_
Remove 2) Change	P	YARIF	EL GONZALES		8500 SW 8 ST SUITE 246	_
X Add					MIAMI FLORIDA 33144	_
Remove 3) Change		_ <u>-</u>				_
Add						_
Remove						_
4) Change				<u> </u>		
Add						_
Remove						
5) Change						_
Add						_
Remove					<u> </u>	
6)Change	_	 		 .		
Add						_
Remove						

Attach additional s	ding additional Artic heets, if necessary).	(Be specific)			
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f an amendment r	royides for an excha	nga raalassifiaat	tion or aspectlati	ion of issued show	
<u>provisions for imp</u>	lementing the amen	dment if not con	tained in the amo	endment itself:	<u>s.</u>
(if not applica	ble, indicate N/A)				
		-		<u> </u>	
		<u> </u>			
				-	· -
			.	- ·	

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	08/20/2020	
The date of each amendment date this document was signed		, if other than the
Effective date if applicable:	08/20/2020	
	(no more than 90 days after amendment file d	ite)
Note: If the date inserted in t document's effective date on the	his block does not meet the applicable statutory filing requirenge Department of State's records.	nents, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/wer action was not required.	e adopted by the incorporators, or board of directors without sha	eholder action and shareholder
■ The amendment(s) was/wer by the shareholders was/we	e adopted by the shareholders. The number of votes cast for the ere sufficient for approval.	amendment(s)
☐ The amendment(s) was/wer must be separately provide	e approved by the shareholders through voting groups. The follo d for each voting group entitled to vote separately on the amendr	wing statement nent(s):
"The number of votes	cast for the amendment(s) was/were sufficient for approval	
ьу		
	(voting group)	
Dated Signature	8/20/2020 Varie Saise	
(By	a director, president or other officer – if directors or officers had exced, by an incorporator – if in the hands of a receiver, trustee, or	ve not been
	pointed fiduciary by that fiduciary)	other court
	YARIEL GONZALES	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	