P18000102781

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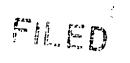
COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: DOLCE CABELL	O SALON & SPA INC	
DOCUMENT NUME	BER: P18000102781		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	JESUS FERNANDEZ		
•		Name of Contact Person	1
	DOLCE CABELLO SALON	L& SPA INC.	
		Firm/ Company	
	12822 S.W. 52 ST.		
		Address	· · · · · · · · · · · · · · · · · · ·
	MIRAMAR,FL 33027		
		City/ State and Zip Code	2
	DOLCECABELLOSALONS	S@GMAIL.COM	
		sed for future annual report	notification)
For further information	n concerning this matter, plea		9928290
Name o	f Contact Person	Area Co) 9928290 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)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
	ing Address		Address
	ndment Section sion of Corporations		lment Section on of Corporations
	Box 6327		entre of Tallahassee
	thassee, FL 32314	2415 1	N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of



DOLCE CABELLO SALON & SPA INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

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P18000102781	<u> </u>
(Document Nun	nber of Corporation (if known)
tursuant to the provisions of section 607,1006, Florida Statutes is Articles of Incorporation:	s, this Florida Profit Corporation adopts the following amendm
. If amending name, enter the new name of the corporation	On: N/A The new
	on," "company," or "incorporated" or the abbreviation "Corp., o". A professional corporation name must contain the wor
. Enter new principal office address, if applicable:	2555 N. HIATUS RD. SUITE 29
Principal office address <u>MUST BE A STREET ADDRESS</u>)	COOPER CITY, FL 33026
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NIA
o. If amending the registered agent and/or registered offic new registered agent and/or the new registered office ac	ddress:
Name of New Registered Agent	ddress:
Name of New Registered Agent	rida şircet address)
Name of New Registered Agent (Flor	rida street address)
Name of New Registered Agent New Registered Office Address: New Registered Office Address: Registered Agent's Signature, if changing Registered Agent	rida sircet address) (City) Agent:
Name of New Registered Agent (Flor	rida sircet address) (City) Agent:

☐ 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)

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>	John Do	<u>oe</u>		
X Remove	V	Mike Jo	<u>nes</u>	NI	B
<u>X</u> Add	<u>sv</u>	Sally Sn	<u>nith</u>		
Type of Action (Check One)	<u>Title</u>		Name		Address
l) Change				_	
Add					
Remove					_
2) Change		_		_	
Add					
Remove 3) Change		_		_	
Add					
Remove					
4) Change		_		_	
Add					
Remove					
5) Change		_		_	
Add					
Remove					
6) Change		<u></u>		<u> </u>	
Add					
Remove					

 If amending or adding additional Articl (Attach additional sheets, if necessary). 	(Be specific)
	NIA
	- · · · · · · · · · · · · · · · · · · ·
If an amendment provides for an excha	ange, reclassification, or cancellation of issued shares, idment if not contained in the amendment itself:
(if not applicable, indicate N/A)	ghenr if the contained in the amenoment users.
	NIA

.

The date of each amendment(s) ado	ption:	, if other than the
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 blo document's effective date on the Department	ck does not meet the applicable statutory filing requirements, this date artment of State's records.	will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were adoptaction was not required.	red by the incorporators, or board of directors without shareholder action	and shareholder
☐ The amendment(s) was/were adop by the shareholders was/were suff	ed by the shareholders. The number of votes east for the amendment(s) icient for approval.	ı
	oved by the shareholders through voting groups. The following statement ich voting group entitled to vote separately on the amendmentts):	nt
"The number of votes cast fo	r the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voling group)	
Dated	8/5/2022	
Signature Signature	ctor, president or other officer – if directors or officers have not been	
sejectell.	tor, president or other officer – if directors or officers have not been been incorporator – if in the hands of a receiver, trustee, or other court fiduciary by that fiduciary)	
i)	ESUS FERNANDEZ	
_	(Typed or printed name of person signing)	
,	'P	

(Title of person signing)

ZUZZ AUG -9 PH 12: 09