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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Z SOLONS + SUITES INC. DOCUMENT NUMBER: P1900021060					
The enclosed Articles of Amendment and fee are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
Zandan Wingster Name of Contact Persons					
Firm/ Company					
6481/2 West South St.					
Orlando, Fl. 32805 City/ State and Zip Code					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Zandra Wingster at (407) 234-1838 Area Code & Daytime Telephone Number					
Enclosed is a check for the following amount made payable to the Florida Department of State:					
S35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) S43.75 Filing Fee & Certificate of Status Certified Copy (Additional Copy is enclosed)					
Mailing Address Amendment Section Division of Corporations Street Address Amendment Section Division of Corporations					

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment

to

Articles of Incorporation

of

Z Saluns & Suites inc. (Name of Corporation as currently)	. / 3
(Name of Corporation as currently 1	iled with the Florida Dept. of State)
P19000021060	1020 JUL 31 PH 3: 18
(Document Number of C	Corporation (if known)
ursuant to the provisions of section 607.1006, Florida Statutes, this FI	arida Profit Corporation adopts the following amendment(s)
ursuant to the provisions of section 607.1006, Piorida Statutes, this 22 s Articles of Incorporation:	ornua i Toju Corporumon assper
. If amending name, enter the new name of the corporation:	
Salon Xpress Inc.	The new
ame must be distinguishable and contain the word "corporation," "co Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A chartered," "professional association," or the abbreviation "P.A."	mpany," or "incorporated" or the abbreviation "Corp.," professional corporation name must contain the word
	NIA
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 MAY BE A POST OFFICE BOX)	N/A_
). If amending the registered agent and/or registered office address:	ess in Florida, enter the name of the
new registered agent and/or the new registered office address:	
Name of New Registered Agent N/+	
(Florida stre	et address)
(1 10) 1110 351 6	
New Registered Office Address:	City) , Florida (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w	vith and accept the obligations of the position.
NIA	egistered Agent, if changing
Signature of New R	egistered Agent, if changing
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) 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 = ChiefExecutive 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: John Doe PΤ X Change V Mike Jones X Remove SVSally Smith X Add Address 8 Title Name Type of Action (Check One) 1) ____ Change ____ Add Remove

2) ___ Change

____ Add

____ Add

4) ____ Change

____ Add

Change

____ Add

6) ____ Change

__ Add

__ Remove

Remove

Remove 3) Change

Remove

____ Remove

-	al Articles, enter cha sary). (Be specific)	-1110		
		N/H		
			<u> </u>	
			<u>- </u>	
				-
<u>_</u>				
				_
		-		
f an amendment provides for	an exchange, reclas	sification, or cancellation of	issued shares,	
i dii diilettuiilette provides ios	he amendment if no	t contained in the amendme	nt itself:	
provisions for implementing t	N/4)	 -		
provisions for implementing t (if not applicable, indicate	11/A)			
provisions for implementing t	M/A)	NIA		
provisions for implementing t		NA		
provisions for implementing t		NA		
provisions for implementing t		NA		
provisions for implementing t	IVA)	N/A		
provisions for implementing t		N/A		
provisions for implementing t	IVA)	NA		
provisions for implementing t	IVA)	NA		
provisions for implementing t	IVA)	NA		
provisions for implementing t	IVA)	NA		
provisions for implementing t	IVA)	NA		

The date of each amendment(s) ado	option: 7/25/2023	, if other than the
date this document was signed. Effective date if applicable:	8 - 11 - 2023 (no more than 90 days after amendment file	date)
Note: If the date inserted in this blo document's effective date on the Department.	ock does not meet the applicable statutory filing require artment of State's records.	ements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopt action was not required.	sted by the incorporators, or board of directors without sl	nareholder action and shareholder
☐ The amendment(s) was/were adop by the shareholders was/were suff	sted by the shareholders. The number of votes cast for the ficient for approval.	ne amendment(s)
☐ The amendment(s) was/were appromust be separately provided for e	oved by the shareholders through voting groups. The for each voting group entitled to vote separately on the amer	llowing statement ndment(s):
"The number of votes cast for	or the amendment(s) was/were sufficient for approval	
by	(voting group)	
Dated	7/25/2023	
selected	gettor, president or other officer – if directors or officers, by an incorporator – if in the hands of a receiver, trusted fiduciary by that fiduciary)	
-	Zandra D. Wingstw (Typed or printed name of person signing)	
	President.	

(Title of person signing)