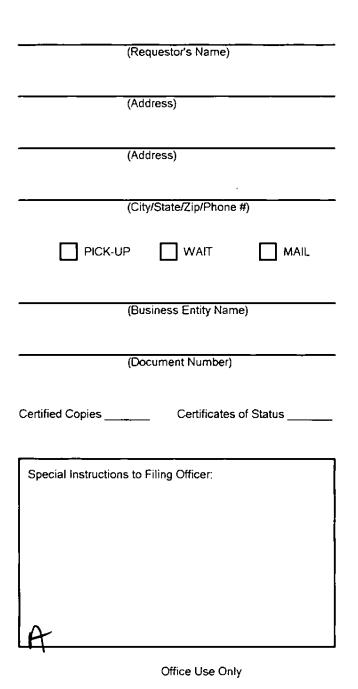
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SECRETARY OF STATE

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COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPO | PRATION: SAVIJ HAIR & CO |). | |
|--|---|---|---|
| | IBER: P1900005589 | | |
| | s of Amendment and fee are sub | omitted for filing. | |
| Please return all corr | espondence concerning this mat | ter to the following: | |
| | DESSERI MCCRAY | | , |
| | | Name of Contact Person | |
| | SAVIJ HAIR & CO. | | |
| | | Firm/ Company | |
| | PO BOX 1232 | | |
| | | Address | |
| | CLEARWATER, FLORIDA | 33757 | |
| | | City/ State and Zip Code | |
| | SAVIJHAIRCOLLECTION | ggmail.com | |
| | E-mail address: (to be us | ed for future annual report | notification) |
| For further informati | ion concerning this matter, pleas | se call: ai (⁹⁴¹ | <u>,</u> 242-4041 |
| Name | e of Contact Person | | 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) | ☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) |
| Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | | Amend Division The C 2415 I | Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 |
| | | Tallaha | assee, FL 32303 |

Articles of Amendment to Articles of Incorporation of

SAVIJ HAIR & CO. (Name of Corporation as currently filed with the Florida Dept. of State) P19000035589 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: N/A _The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc.," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." N/A B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: N/A (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) New Registered Office Address: , Florida New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position. Signature of New Registered 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)

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 <math>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 Doe | |
|----------------------------|------------------|------------------|-------------------------------|
| X Remove | <u>y</u> | Mike Jones | |
| X Add | <u>sv</u> | Sally Smith | |
| Type of Action (Check One) | <u>Title</u> | <u>Name</u> | Address |
| 1) Change | VP | LATANISHIA MILES | 1305 Blanche B LittleJohn Trl |
| Add | | | Clearwater, Florida 33755 |
| X Remove | | | |
| 2) Change | | | |
| Add | | | |
| Remove 3) Change | | | |
| Add | | | |
| Remove | | | |
| 4) Change | | | |
| Add | | | |
| Remove | | | |
| 5) Change | <u></u> | | |
| Add | | | |
| Remove | | | |
| 6) Change | | | |
| Add | | | |
| Remove | | | |

| If amending or ac (Attach additional | lding additional Arti sheets, if necessary). | cles, enter change (Be specific) | e(s) here: | | | |
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| II an amendment | provides for an exclude an exclude provides for an exclude provides for an exclude provides an exclude provides for an exclude provides for an exclusive provide provides for an exclusive provide provides for an exclusive provide provides for an exclusive provide for an exclusive provides for an exclusiv | iange, reclassifica | ition, or cancella | tion of issued shar | res, | |
| (if not applic | able, indicate N/A) | nument ii not cor | itamed in the am | ienument useu. | | |
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| | 08/18/2022 | |
|--|--|----------------------------------|
| he date of each amendmen | | , if other than t |
| ate this document was signed | | |
| | 08/18/2022 | |
| ffective date <u>if applicable</u> : | | |
| | (no more than 90 days after amendment file date) | |
| | this block does not meet the applicable statutory filing requirements, the Department of State's records. | nis date will not be listed as t |
| doption of Amendment(s) | (CHECK ONE) | |
| The amendment(s) was/we action was not required. | re adopted by the incorporators, or board of directors without shareholde | r action and shareholder |
| | re adopted by the shareholders. The number of votes cast for the amender ere sufficient for approval. | ment(s) |
| | re approved by the shareholders through voting groups. The following steed for each voting group entitled to vote separately on the amendment(s) | |
| "The number of vote | s cast for the amendment(s) was/were sufficient for approval | |
| bv | 9 | |
| | (voting group) | |
| | · | |
| Dated | 3/18/2022 | |
| Signature | auf my | |
| | by a director, president or other officer - if directors or officers have not | been |
| S | elected, by an incorporator - if in the hands of a receiver, trustee, or othe | r court |
| a | ppointed fiduciary by that fiduciary) A | |
| | DESSERI MCCRAY DISI - P Tuy | |
| | (Typed or printed name of person signing) | |
| | Paradent | |
| | 11 William C | |
| | (Title of person signing) | |

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