## P19000036530

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
J DENNIS
'JAN 3 1 2023

Office Use Only



500396331155

10/31/22--01012--004 \*\*85.00

2022 OCT 31 PH 2: 26

SECRETARY OF STATE

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORP	ORATION: Aloha Barber Spa.	Inc.	
	MBER: P19000036530		
The enclosed Artic	les of Amendment and fee are su	bmitted for filing.	
Please return all co	rrespondence concerning this ma	atter to the following:	
	Michelle Oliver		
	-	Name of Contact Perso	n
		Firm/ Company	
	1635 South Ridgewood Aver	nue, Suite 101	
		Address	_
	South Daytona, FL 32119		
		City/ State and Zip Cod	e
	alohabarberspa@yahoo.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further informa	tion concerning this matter, pleas	se call:	
Michelle Oliver		at ( 808	359-1073
Nan	ne of Contact Person		de & Daytime Telephone Number
Enclosed is a check	for the following amount made	payable to the Florida Dep	artment of State:
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 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		Amenc Divisio The C	Address  Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

ndment(s) to
new
rp.," word
_
<u> </u>
_
-

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>	John Doc	
X Remove	$\underline{\mathbf{V}}$	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change			
Add			<del></del>
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6)Change			
/ <b>/Q</b> u			
Remove			

tach additional shed	ns, y necessary). 41	Be specific)			
<del>-   N</del>	· ·				
LH.			· · · · · · -		
l					
					<del></del>
,					
					· · · · · · · · · · · · · · · · · · ·
<del></del>				<del></del>	<del></del>
	····				
	<u> </u>				
			VI		
ovisions for imple	ovides for an exchangementing the amenda	ge, reciassification ment if not contain	n, or cancellation of ned in the amendm	ent itself:	
(if not applicable	z, indicate N/A)				
1			<del></del>		
1 A					
<del>                                      </del>					<del></del>
<del>.</del>	•	<u>. –</u>	<u> </u>		

.

	option:	, if other than the
date this document was signed.	28 2022	
Effective date <u>if applicable</u> :	per 28, 2022	
	(no more than 90 days after amendment file date	)
Note: If the date inserted in this blocument's effective date on the Dep	ock does not meet the applicable statutory filing requirement partment of State's records.	its, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/were adopaction was not required.	oted by the incorporators, or board of directors without shareh	older action and shareholder
☐ The amendment(s) was/were adop by the shareholders was/were suf	oted by the shareholders. The number of votes east for the and ficient for approval.	nendment(s)
	roved by the shareholders through voting groups. The following aroup entitled to vote separately on the amendment	
"The number of votes cast f	or the amendment(s) was/were sufficient for approval	
Aloha Barber Spa, Incl	."	
*/	(voting group)	
October 28.	2022	
Dated Signature	ichelle Pliver	
selected	ector, president or other officer – if directors or officers have, by an incorporator – if in the hands of a receiver, trustee, or ed tiduciary by that fiduciary)	
!	Michelle Oliver	
-	(Typed or printed name of person signing)	, , , , 1 p. p. ,
!	President, Secretary, Director	
-	(Title of person signing)	