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SECRETARY OF STATE

Name Chang

JAN 1 7 2023 D CUSHING

## COVER LETTER

**TO:** Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPOR	ATION: TYTCOM	1K Mair 2010-	<u>tions</u> 111c.	
DOCUMENT NUMB	ER: <u>P19000</u>	060675		
The enclosed Articles of	of Amendment and fee are su	bmitted for filing.		
Please return all corres	pondence concerning this ma	tter to the following:		
	Rayr	iei vega		
	microink	Name of Contact Person		
	19451 5.7	Firm/ Company CIMIAMI Trail Address	<u></u>	
	FORT MY	City/ State and Zip Code	) 8	
	E-mail address: (to be us	conke a mai	iL. COM	
For further information	concerning this matter, pleas	se call:	çn <u>c</u>	2
Paynel Name of	VCQQ of Contact Person	at ( <u>739</u> ) <u>3(</u> Area Code & Dayt	OO OO S	
Enclosed is a check for	the following amount made	payable to the Florida Department of	State:	
☐ \$35 Filing Fee	S43.75 Filing Fee & Certificate of Status	Certified Copy Certif (Additional copy is Certif enclosed) (Addi	50 Filing Fee ficate of Status fied Copy itional Copy closed)	
Ame Divis	ndment Section sion of Corporations Box 6327	Street Address Amendment Sect Division of Corp The Centre of T	orations	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## **Articles of Amendment** to Articles of Incorporation

of

MICROINK HAIR SOLU-HOR	15 Inc.
(Name of Corporation as currently f	filed with the Florida Dept. of State)
P190006061S	
(Document Number of C	Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, this <i>Fla</i> its Articles of Incorporation:	orida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
MICIOINK MICIOPIAMENTATION  name must be distinguishable and contain the word "corporation," "cor  "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A p  "chartered," "professional association," or the abbreviation "P.A."  B. Enter new principal office address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u> )	N/A
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:  Name of New Registered Agent	ss in Florida, enter the name of the
(Florida street  New Registered Office Address: (C	A Florida (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with	th and accept the obligations of the position.
	NA
Signature of New Reg	gistered 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 = 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	PT	John Doe		
X Remove	<u>V</u>	Mike Jones		
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>		<u>Addres</u> s
1) Change	<u></u>		N/A	
Add				
Remove			NIA	
2)Change		<del>-</del>	10// \	
Add				
Remove Change		<del></del>	NA	
Add			·	
Remove			C 1/V	
4) Change			10/H	
Add				
Remove			$\sim 1/\Lambda$	
5) Change				
Add				
Remove			$\alpha \perp / \alpha$	
6) Change			17/14	
Add				
Remove				

f amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)	
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f an amendment provides for an exch	ange, reclassification, or cancellation of issued shares,	
provisions for implementing the ame	ndment if not contained in the amendment itself:	
(if not applicable, indicate N/A)		NILA
		10/1
		<del> </del>
	·	
·		

The date of each amendment(s) adoption:	, if other than the
Effective date if applicable: (no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements document's effective date on the Department of State's records.	, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or board of directors without shareho action was not required.	lder action and shareholder
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the ame by the shareholders was/were sufficient for approval.	ndment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following must be separately provided for each voting group entitled to vote separately on the amendment	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
Dated 10/10/22	
Signature Hayh Cox	
(By a director/president or other officer – if directors or officers have n selected, by an incorporator – if in the hands of a receiver, trustee, or o appointed fiduciary by that fiduciary)	
Raynel Vega	
(Typed or printed name of person signing)	
President	
(Title of person signing)	