P190000 83029

(Re	equestor's Name)	
(Ad	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Be	usiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	





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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: HOLLYWOOD B	EAUTY SALON INC	
	BER: P19000083029		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	JULIO C DE LOS RIOS		
		Name of Contact Person	on
		Firm/ Company	
	2500 HOLLYWOOD BLVD	SUITE 208	
		Address	
	HOLLYWOOD, FL 33020		
		City/ State and Zip Co	de
	DLRCORP@AOL.COM		
	E-mail address: (to be us	sed for future annual repo	rt notification)
For further informatio	n concerning this matter, please	se call: at (⁹⁵⁴	2669717
Name	of Contact Person	Area C	ode & Daytime Telephone Number
Enclosed is a check fo	r the following amount made		
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certificate of Status
Amo Divi P.O	ling Address endment Section sion of Corporations Box 6327 ahassee, FL 32314	Amer Divis The (2415	t Address indment Section ion of Corporations Centre of Tallahassee N. Monroe Street, Suite 810 hassee, FL 32303

Articles of Amendment to Articles of Incorporation of

HOLLYWOOD BEAUTY SALON INC

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e). F.S.

to

	irrently filed with the Florida Dept, of State)		
P19000083029			
(Document Nur	mber of Corporation (if known)		
Oursuant to the provisions of section 607,1006, Florida Statute ts Articles of Incorporation:	es, this Florida Profit Corporation adopts the following amendment		
A. If amending name, enter the new name of the corporati	ion:		
	The new on," "company," or "incorporated" or the abbreviation "Corp.," Co". A professional corporation name must contain the word "P.A."		
3. Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDRESS</u>))		
C. Enter new mailing address, if applicable:	2500 HOLLYWOOD BLVD		
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	SUITE 208		
	HOLLYWOOD, FL 33020		
 If amending the registered agent and/or registered office new registered agent and/or the new registered office a 			
Name of New Registered Agent			
(Flo	orida street address)		
New Registered Office Address:	, Florida		
	(City) (Zip Code)		
New Registered Agent's Signature, if changing Registered hereby accept the appointment as registered agent. I am fai	<u>Agent:</u> miliar with and accept the obligations of the position.		
Signature of	New Registered Agent, if changing		
ingition City			

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 Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	Address
1) Change	VP	PATRICIA BETANCOURT	6133 MAYO STREET
Add X Remove			HOLLYWOOD, FL 33023
2) Change			
Add			
Remove 3) Change		_	
Add			
Remove			
4) Change			
Add			
Remove			,
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	r adding additional nal sheets, if necessa	ry). (Be specific)				
		,				
						·- <u>-</u>
						
			·			
	_	·		,		
an amendm	ent provides for an or implementing the	exchange, reclassif	fication, or cance	llation of issued s	hares.	
if not ap	plicable, indicate N/.	4)	contained in the	amenument usen	<u>L.</u>	
.,	,					
			.			
						
						

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	01/18/2020	te diament
The date of each amendment(s) date this document was signed.	adoption:	, if other than t
-	1/18/2020	
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the	s block does not meet the applicable statutory filing requirements, this d Department of State's records.	ate will not be listed as t
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were a action was not required.	idopted by the incorporators, or board of directors without shareholder act	ion and shareholder
■ The amendment(s) was/were a by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment sufficient for approval.	c(s)
must be separately provided f	approved by the shareholders through voting groups. The following statem for each voting group entitled to vote separately on the amendment(s): ast for the amendment(s) was/were sufficient for approval	vent
	•	
0,	(voting group)	
01/20/20	770	
01/20/20 Dated	220	
		
Signature	OTA S	
selec	a director, president or other officer – if directors or officers have not been sted, by an incorporator – if in the hands of a receiver, trustee, or other couninted fiduciary by that fiduciary)	
	DORIS ZAPATA	
	(Typed or printed name of person signing)	
	PRESIDENT	