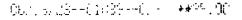
P20000032984

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S. ROBERTS

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF COR	RPORATION: Oli's Beauty S	alon Inc		
	UMBER: P20000032984			
The enclosed Art	icles of Amendment and fee a	re submitted for filing.		
Please return all o	correspondence concerning thi	s matter to the following	:	
	Marlon Arozamena			
		Name of Contac	Person	
	Oli's Beauty Salon Inc			
		Firm/ Comp	any	
	14391 SW 73RD AVE			
	Address			
	PALMETTO BAY, FL 3	3158		
		City/ State and Z	ip Code	
	info@olibeautysalon.com	า		
	E-mail address: (to l	oe used for future annua	report notification)	
For further inform	nation concerning this matter,	please call:		
Marlon Arozamena		786 	3972766	
Na	une of Contact Person	A	rea Code & Daytime Telephone	Number
Enclosed is a che	ck for the following amount m	ade payable to the Flori	la Department of State:	
■ \$35 Filing Fo	ee □\$43.75 Filing Fee Certificate of State		Certificate of Status	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			Street Address 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

OLI'S BEAUTY SALON INC	
(Name of Corporation	s currently filed with the Florida Dept. of State)
P20000032984	
(Documer	Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida S its Articles of Incorporation:	tutes, this Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corp	ration:
OLI BEAUTY INC.	
	The new ration," "company," or "incorporated" or the abbreviation "Corp.," "Co". A professional corporation name must contain the word on "P.A."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDR	Not Applicable SS)
	2023
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Not Applicable
	-p
	÷.
D. If amending the registered agent and/or registered new registered agent and/or the new registered off	
Not Applicable Name of New Registered Agent	
	Florida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Regist	ed Agent:
I hereby accept the appointment as registered agent. I a	
Signatu	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)

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.

Example: X Change	<u>PT</u>	John Doe	
_			
X Remove	<u>V</u>	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			<u> </u>
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) her (Attach additional sheets, if necessary). (Be specific)	<u>¢</u> :
Not Applicable	
· · · · · · · · · · · · · · · · · · ·	
······································	
F. If an amendment provides for an exchange, reclassification, or	cancellation of issued chares
provisions for implementing the amendment if not contained (if not applicable, indicate N/A)	in the amendment itself:
Not Applicable	
<u> </u>	

The date of each amendment(s) date this document was signed.	adoption:, if other than the
Effective date <u>if applicable</u> :	
<u></u>	(no more than 90 days after amendment file date)
Note: If the date inserted in this document's effective date on the I	block does not meet the applicable statutory filing requirements, this date will not be listed as the Department of State's records.
Adoption of Amendment(s)	(CHECK ONE)
■ The amendment(s) was/were action was not required.	dopted by the incorporators, or board of directors without shareholder action and shareholder
☐ The amendment(s) was/were ac by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.
	oproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):
"The number of votes cas	et for the amendment(s) was/were sufficient for approval
by	(voting group)
05/01/202 Dated	3
Signature M	Ayozanisa.
(By a select	director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court nted fiduciary by that fiduciary)
	Marion Arozamena
	(Typed or printed name of person signing)
	President
	(Title of person signing)