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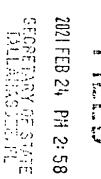
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COVER LETTER

TO: Amendment Section
Division of Corporations

Tailahassee, FL 32314

DOCUMENT NUMBER: P21000007403 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: LUCIANA XAVIER Name of Contact Person OLS SALON MIAMI INC Firm/ Company 8000 WEST DRIVE 321 Address NORTH BAY VILLAGE, FL 33141 City/ State and Zip Code lucyxavier@hotmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: LUCIANA XAVIER Name of Contact Person at (305) 713-8448 Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: Certificate of Status Certificate of Status Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: Certificate of Status Area Code & Daytime Telephone Number Enclosed) (Additional Copy Certificate of Status Additional Copy (Additional Copy (NAME OF CORPOR	ATION: OLS SALON MIA	MI INC		
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2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

OLS SALON MIAMI INC

<u></u>	· · · · · · · · · · · · · · · · · · ·				
(Name	of Corporation as current	iy filed with the Florida Dept. of State)			
P21000007403					
	(Document Number of	of Corporation (if known)			
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, this	Florida Profit Corporation adopts the following	g amendment(s) t		
A. If amending name, enter the new n	ame of the corporation:				
N/A			The new		
	Corp," "Inc," or "Co"	company," or "incorporated" or the abbreviation A professional corporation name must contain "	on "Corp.,"		
B. Enter new principal office address,	if annlicable:	N/A			
(Principal office address MUST BE A S		 			
		·····			
					
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		5829 SW 73RD ST			
	_	SOUTH MIAMI, FL 33143			
D. If amending the registered agent a					
new registered agent and/or the ne	w registerea omice addres N/A	<u>s:</u>			
Name of New Registered Agent			_		
			202		
	(Florida st	reet address)			
New Registered Office Address:		, Florida	CO		
	•	(City)	Code) i		
		တို့က ကြား	R [1]		
		<u> </u>	S C		
New Registered Agent's Signature, if a		ti with and accept the obligations of the position	5 8		
rneredy accept the appointment as regis	ierea ageni. Tam jaminar	with and accept the obligations of the position.	~		
	Signature of New I	Registered Agent, if changing	-		
	Signature of New I	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	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	Address
1) Change	VP	LEANDRO VAZ DE CAMPOS GURATT	6150 TURNBURY PARK DRIVE
Add			SARASOTA, FL 34243
X Remove			
2) Change	VP	DOUGLAS VIRGILIO SILVA	22839 SW 66TH AVE APT 1501
Add			BOCA RATON, FL 33428
X Remove 3) Change	VP	LUCIANA XAVIER	8000 WEST DRIVE 321
X Add			NORTH BAY VILLAGE, FL
Remove			33141
4) Change	VP	CAMILA SAKODA	8000 WEST DRIVE 413
X Add			NORTH BAY VILLAGE, FL
Remove			33141
5) Change		-	
Add			
Remove			
6) Change		<u> </u>	
Add			
Remove			

E. <u>If amending</u> (Attach <i>addit</i> e	or adding additional A ional sheets, if necessary,	rticles, enter chang). (Be specific)	ge(s) here:		
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provisions (if not a	ment provides for an exfor implementing the arapplicable, indicate N/A)	nendment if not co	cation, or cancellar ontained in the am	tion of issued shar lendment itself:	C3.
N/A				<u></u>	
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 				<u> </u>	

01/15/2021 The date of each amendment(s) adoption: _ , if other than the date this document was signed. 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, this date will not be listed as the document's effective date on the Department of State's records. Adoption of Amendment(s) (CHECK ONE) ■ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required. ☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval. ☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s): "The number of votes cast for the amendment(s) was/were sufficient for approval by ________(voting group) 02/19/2021 Dated Signature (By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary) ORLANDO LOPEZ (Typed or printed name of person signing) PRESIDENT

(Title of person signing)