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COVER LETTER

TO: Amendment Section

Division of Corporations NAME OF CORPORATION: LUDY SALON CORP.

DOCUMENT NUMBER: P21000050428 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: LUDIVIA ARISTIZABAL ROOMS Name of Contact Person Firm/ Company
6760 NW 44th WAY

Address
City/ State and Zip Code LUDYARIS@HOTMAIL COM For further information concerning this matter, please call: LUDIUIA ARISTIZABAL at 454 422-2807

Name of Contact Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy (Additional Copy enclosed) is enclosed) Street Address **Mailing Address** Amendment Section Amendment Section Division of Corporations Division of Corporations The Centre of Tallahassee P.O. Box 6327 Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Articles of Amendment

to

Articles of Incorporation of

LUDU SALON, CORP	
(Name of Corporation as currently filed with the Florida Dept.	. of State)
P21000050428	
(Document Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> ad its Articles of Incorporation:	opts the following amendment(s)
A. If amending name, enter the new name of the corporation:	
LUDY'S SALON CORP.	The new
name must be distinguishable and contain the word "corporation," "company," or "incorporated" of "lnc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation no "chartered," "professional association," or the abbreviation "P.A."	or the abbreviation "Corp.,"
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	
_~/ <i>\mathred{\mathred{\mathred{\mathred{\mathred{\mathred{\mathred{\mathred{\mathred{\mathred{\mathred{\mathred{\mathred{\mathred{\mathred{\mathred{\mathred{\mathred{\mathred{\mathred{\mathred{\mathred{\mathred{\mathred{\mathred{\mathred{\mathred{\mathred{\mathred{\mathred{\mathred{\mathred{\mathred{\mathred{\mathred{\mathred{\mathred{\mathred{\mathred{\mathred{\mathred{\mathred{\mathred{\mathred{\mathred{\mathred{\mathred{\mathred{\mathred{\mathred{\mathred{\mathred{\mathred{\mathred{\mathred{\mathred{\mathred{\mathred{\mathred{\mathred{\mathred{\mathred{\mathred{\mathred{\mathred{\mathred{\mathred{\mathred{\mathred{\mathred{\mathred{\mathred{\mathred{\mathred{\mathred{\mathred{\mathred{\mathred{\mathred{\mathred{\mathred{\mathred{\mathred{\mathred{\mathred{\mathred{\mathred{\mathred{\mathred{\mathred{\mathred{\mathred{\mathred{\mathred{\mathred{\mathred{\mathred{\mathred{\mathred{\mathred{\mathred{\mathred{\mathred{\mathred{\mathred{\mathred{\mathred{\mathred{\mathred{\mathred{\mathred{\mathred{\mathred{\mathred{\mathred{\mathred{\mathred{\mathred{\mathred{\mathred{\mathred{\mathred{\mathred{\mathred{\mathred{\mathred{\mathred{\mathred{\mathred{\mathred{\mathred{\mathred{\mathred{\mathred{\mathred{\mathred{\mathred{\mathred{\mathred{\mathred{\mathred{\mathred{\mathred{\mathred{\mathred{\mathred{\mathred{\mathred{\mathred{\mathred{\mathred{\mathred{\mathred{\mathred{\mathred{\mathred{\mathred{\mathred{\mathred{\mathred{\mathred{\mathred{\mathred{\mathred{\mathred{\mathred{\mathred{\mathred{\mathred{\mathred{\mathred{\mathred{\mathred{\mathred{\mathred{\mathred{\mathred{\mathred{\mathred{\mathred{\mathred{\mathred{\mathred{\mathred{\mathred{\mathred{\mathred{\mathred{\mathred{\mathred{\mathred{\mathred{\mathred{\mathred{\mathred{\mathred{\mathred{\mathred{\mathred{\mathred{\mathred{\mathred{\mathred{\mathred{\mathred{\mathred{\mathred{\mathred{\mathred{\mathred{\mathred{\mathred{\mathred{\mathred{\mathred{\mathred{\mathred{\mathred{\mathred{\mathred{\mathred{\mathred{\mathred{\mathred{\mtx}\anton}\\\ \</i>	
D. If amending the registered agent and/or registered office address in Florida, enter the name new registered agent and/or the new registered office address: Name of New Registered Agent NAME Name of New Registered Agent	ne of the
(Florida street address)	
	Florida
(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent. I am familiar with and accept the obligations	s of the position.
	21
Signature of New Registered Agent, if changing	
Check if applicable	الماد
☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.	⊅> 32
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	cn .

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	PT	John Doe
X Remove	<u>v</u>	Mike Jones
_X Add	<u>sv</u>	Sally Smith
Type of Action (Check One) 1) X Change Add	Title P	Name Address LUDIVIA ARISTIZABAL 6760 NW 447h WAY ROOTAS COCONUT CREAKER 33043
Remove		
2) Change		
Add		
Remove Change		
Add		
Remove		
4) Change		
Add		 _
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5) Change		
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6) Change		_
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an amendment pr	ovides for an excl	hange, reclassifica	tion, or cancella	tion of issued sh	ares,
<u>rovisions for impl</u> (if not applicab	lementing the ame	enament it not co	ntained in the am	ienament itsen:	
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N/A					
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The date of each amendment(s)	adoption:, if other than the
date this document was signed. Effective date if applicable:	JUNE 1076 2021
	(no more than 90 days after amendment file date)
Note: It the date inserted in this document's effective date on the D	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 ac 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 s	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.
☐ The amendment(s) was/were ap must be separately provided fo	oproved by the shareholders through voting groups. The following statement reach voting group entitled to vote separately on the amendment(s):
"The number of votes cas	st for the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
Dated_ JUA	Ve 10th 2021
Dated	MANA P
Signature	Cure Francisco
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)
	LUDINIA PIRISTIZABAL ROOMS
	(Typed or printed name of person signing)
	President
	(Title of person signing)

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