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2024 AUG -6 AM 8: 54 SECRETARY OF STATE TATE ARMOUTE, PLORID

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	RATION: KENIDA HAIR S	ALON INC.	
	BER: P2400006051		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	KENIDA DURAN		
		Name of Contact Persor	1
	KENIDA HAIR SALON IN	C.	
		Firm/ Company	<del> </del>
	3910 INVERARRY BLVD,	APT B-101	
		Address	
	LAUDERHILL, FL 33319		
		City/ State and Zip Cod	e
	kenidaduran@yahoo.com		
	<b>~</b> .	sed for future annual report	notification)
	5	ou for fatare annual report	Total Carlot
For further information	on concerning this matter, pleas	se call:	
KENIDA DURAN		at ( <sup>954</sup>	, 465-6034
Name of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment of State:
□ \$35 Filing Fee	■\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
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

KENIDA HAIR SALON INC.	
(Name of Corporation as currently	filed with the Florida Dept. of State)
P24000006051	
(Document Number of C	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Fl</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:	
	The new
name must be distinguishable and contain the word "corporation," "co "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."	
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	7024 AUS -6 SECRE 1449
D. If amending the registered agent and/or registered office addresses new registered agent and/or the new registered office address:	ss in Florida, enter the name of the
	•
Name of New Registered Agent	
(Florida stree	( address)
New Registered Office Address:	Florida
,(C	ity) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar wi	th and accept the obligations of the position.

Signature of New Registered Agent, if changing

Check if applicable

<sup>☐</sup> 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	<u>PT</u>	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	P	KENIDA DURAN	3910 INVERARRY BLVD, APT B
Add			LAUDERHILL, FL 33319
X Remove			
2) Change	Р	KELLY CASTILLO	1142 NW 174th AVENUE
x Add			PEMBROKE PINES, FL 33029
Remove 3) Change			
Add			
Remove			<del></del>
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			<del></del>
Add			
Remove			

Attach <i>additional sh</i> i	ing additional Art eets, if necessary).	(Be specific)	<u>—</u>			
-, , <u>, , , , , , , , , , , , , , , , , </u>					<del></del>	
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<u>fan amendment pr</u>	ovides for an exc	<u>hange, reclassi</u>	fication, or cand	ellation of issued	shares,	
provisions for impl	le, indicate N/A)	<u>enament 11 not</u>	contained in the	e amendment itse	<u>:II:</u>	
(y mar approxima	re, marcure 1771)					
		·				
		<u>- · · · · · · · · · · · · · · · · · · ·</u>			<del></del>	

The date of each amendmen		, if other than the
date this document was signed		
Effective date <u>if applicable</u> :	07/20/2024  (no more than 90 days after amendment file	date)
	this block does not meet the applicable statutory filing require the Department of State's records.	ements, this date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/we action was not required.	re adopted by the incorporators, or board of directors without sl	nareholder action and shareholder
☐ The amendment(s) was/we by the shareholders was/w	re adopted by the shareholders. The number of votes cast for the ere sufficient for approval.	ne amendment(s)
	re approved by the shareholders through voting groups. <i>The foi</i> ad for each voting group entitled to vote separately on the amen	
"The number of vote	s cast for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
Dated_JULY Signature	25th, 2024	
(F	y a director, president or other officer - if directors or officers	
	elected, by an incorporator – if in the hands of a receiver, trusted opointed fiduciary by that fiduciary)	e. or other court
	KENIDA DURAN	
	(Typed or printed name of person signing)	, , , , , , , , , , , , , , , , , , ,
	PRESIDENT	
	(Title of person signing)	

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	PRATION: KENIDA HAIR S	ALON INC.	
	IBER: P24000006051		
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	LAUDERHILL, FL 33319		
		City/ State and Zip Cod	e
	kenidaduran@yahoo.com		
	<del>-</del> '	sed for future annual report	notification)
For further informati	on concerning this matter, pleas	se call: at ( 954	, 465-6034
Name	of Contact Person		) de & Daytime Telephone Number
Enclosed is a check t	or the following amount made		
□ \$35 Filing Fee	■\$43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
An Di <sup>,</sup> P.C	nendment Section vision of Corporations D. Box 6327 Ilahassee, FL 32314	Amend Divisio The Co 2415 N	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 ussee, FL 32303