

P92000003357

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

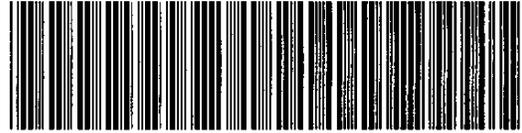
(Business Entity Name)

(Document Number)

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2010 NOV -4 P 2:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

Amend
Tewis
11-4-10

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Shear Madness Hair & Nail Design, Inc.

DOCUMENT NUMBER: P900000357

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

VAL Christiana
Name of Contact Person

Shear Madness Hair & Nail Design, Inc.
Firm/ Company

985 W. Jefferson St.
Address

Brooksville, FL 34601
City/ State and Zip Code

valshearhair@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

VAL Christiana at (352) 650-8090
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:

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> \$35 Filing Fee | <input checked="" type="checkbox"/> \$43.75 Filing Fee & Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | <input type="checkbox"/> \$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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>PD</u>	<u>Valerie M. Christiana</u>	<u>1550 Wilson Blvd.</u> <u>Masaryktown, FL</u> <u>34604</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>PD</u>	<u>Patrick Christiana</u>	<u>1550 Wilson Blvd.</u> <u>Masaryktown, FL</u> <u>34604</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove

E. If amending or adding additional Articles, enter change(s) here:

(attach additional sheets, if necessary). (Be specific)

_____ N/A _____

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:

(if not applicable, indicate N/A)

The date of each amendment(s) adoption: x 10/28/2010
(date of adoption is required)
Effective date if applicable: x 10/28/2010
(no more than 90 days after amendment file date)

Adoption of Amendment(s) (CHECK ONE)

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.

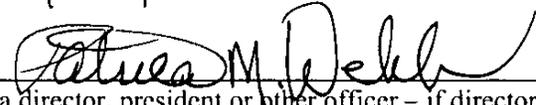
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):

"The number of votes cast for the amendment(s) was/were sufficient for approval
by _____."
(voting group)

The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated x 10/28/2010

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)

x Patricia M. Webb
(Typed or printed name of person signing)

x Vice President
(Title of person signing)