## P9800053954

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2017 OCT -2 PK 2: 40
SECREPARE STATE

C. GOLDEN

OCT - 3 2017

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION:	NATALIE	BEAUTY SALC	ON INC		
DOCUMENT NUMBER: P98000052954					
The enclosed Articles of Amenda	nent and fee are su	bmitted for filing	ζ.		
Please return all correspondence of	concerning this ma	tter to the followi	ing:		
	Γ	DELIA JIMENEZ	z FUNDO	RA	
	····	Name of Con	tact Person	n	
	EZ ACCOUNTI	NG OF W	PB INC		
	Firm/ Co	mpany			
	4180 PINE GLADES RD				
	Address				
	WEST PALM BEACH, FL 33406				
		City/ State and	d Zip Cod	e	
	JIN	MENEZ_TAX@I	HOTMAII	L.COM	
E-mai	l address: (to be us	sed for future ann	ual report	notificat	ion)
For further information concerning	g this matter, pleas	se call:			
DELIA JIMENEZ I	FUNDORA	at (	561	,	NA471-4144
Name of Contact Person			Area Co	de & Da	ytime Telephone Number
Enclosed is a check for the follow	ing amount made	payable to the Flo	orida Depa	artment o	f State:
<del>-</del>	.75 Filing Fee & ificate of Status	□\$43.75 Filin Certified Co (Additional c enclosed)	ру	Cert Cert (Add	.50 Filing Fee ificate of Status ified Copy ditional Copy nclosed)
Mailing Addre Amendment Sec Division of Cor P.O. Box 6327 Tallahassee, FL	ction porations		Amend Division Clifton	Building	ction porations
: within 10000   1 D 2 D 2 T 7		Tollahassee FI 32301			

## Articles of Amendment to Articles of Incorporation of NATALIE BEAUTY SALON INC

FILED

2017 OCT -2 PM 2: 40

(Name of Corporat	ion as currently filed with the		
	P98000052954	TALLAHASSEE, FLOI	
(Document)	ment Number of Corporation (if	known)	
ursuant to the provisions of section 607.1006, Florid s Articles of Incorporation:	la Statutes, this Florida Profit Co	orporation adopts the following amendment(	
. If amending name, enter the new name of the c	orporation:		
***		The new	
ame must be distinguishable and contain the wo Corp.," "Inc.," or Co.," or the designation "Corport" or the contain or the contain or the contain or the contains or the conta	o," "Inc," or "Co". A professi		
. Enter new principal office address, if applicabl	e: AL	ALBERTO DE LA PAZ	
Principal office address <u>MUST BE A STREET AD</u>	DDECC)	3 SOUTHERN BLVD	
	WEST P	ALM BEACH, FL 33415	
. If amending the registered agent and/or registered new registered agent and/or the new registered		enter the name of the	
-	· ALBERTO DE LA PAZ		
Name of New Registered Agent			
Name of New Registered Agent	3017 RIDGEWAY AVE		
Name of New Registered Agent	3017 RIDGEWAY AVE (Florida street address)		
Name of New Registered Agent  New Registered Office Address:		, Florida	

Signature of New Registered Agent, if changing

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)	Title	Name	<u>Addres</u> s
1) Change	PT	ARICEL RODRIGUEZ	10215 N PARK AVE
Add			INDIANAPOLES, IN 46280
X Remove			
2) Change	PT	ALBERTO DE LA PAZ	3017 RIDGEWAY AVE
X Add			WEST PALM BEACH, FL 33415
Remove			
3) Change			
Add			
Remove			
4) Change		_	
Add			<u>,</u>
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Damouro			

f amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
f an amandmant muchidae for an arab	range madescification or concellation of issued shares
provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

	JULY 10, 2017	, if other than the
The date of each amendment(s) adoption: _		, ii other than the
date this document was signed.	HH V 10 2017	
Effective date <u>if applicable</u> :	JULY 10, 2017	
meente unte <u>mapphenoie</u> .	(no more than 90 days after amendment file date	)
Note: If the date inserted in this block does ocument's effective date on the Department	not meet the applicable statutory filing requirement of State's records.	ts, this date will not be listed as the
Adoption of Amendment(s)	CHECK ONE)	
The amendment(s) was/were adopted by the by the shareholders was/were sufficient for	ne shareholders. The number of votes cast for the amer approval.	endment(s)
	the shareholders through voting groups. The following group entitled to vote separately on the amendment	
	nendment(s) was/were sufficient for approval	
by	."	
6	oting group)	
action was not required.	ne board of directors without shareholder action and s	
☐ The amendment(s) was/were adopted by the action was not required.	ne incorporators without shareholder action and share	holder
09/25/2 Dated	017	
10	1140/6/	
Signature / Pura director	esident or other officer – if directors or officers have	not bean
	acorporator – if in the hands of a receiver, trustee, or	
	ary by that fiduciary)	
•	ALBERTO DE LA PAZ	
	(Typed or printed name of person signing)	<u> </u>
	PRESIDENT	
<del></del>	(Title of person signing)	