# P98000089546

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## **COVER LETTER**

TO: Amendment Section Division of Corporations NAME OF CORPORATION: ALL ABOUT YOU HAIR Designs, Fre DOCUMENT NUMBER: 4980000 89546 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Ravon Cliff Drive For further information concerning this matter, please call: Area Code & Daytime Telephone Number Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: □ \$35 Filing Fee □\$43.75 Filing Fee & **2**\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy

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

(Additional Copy is enclosed)

# **Articles of Amendment**

to

i i i i i i i i i i i i i i i i i i i	Art	icles	of	Incorpo	ration
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All ABOUT YOU I Can	Decience In	
(Name of Corporation as currently fil	ed with the Florida Dent, of State	<u>د.</u>
Dagana aga	EUI	<i>.</i> )
(Document Number of Co	570	<del></del>
	•	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Flor</i> its Articles of Incorporation:	rida Profit Corporation adopts the f	following amendment(s)
A. If amending name, enter the new name of the corporation:		
name must be distinguishable and contain the word "corporation,"		The new
"Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co" word "chartered," "professional association," or the abbreviation "P.A  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 MAY BE A POST OFFICE BOX)  D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:	. A professional corporation nam	ne must contain the
Name of New Registered Agent		8: 59
Hame of New Negaserea Agent		
(Florida street a	uddress)	
Non Prointened Office Address	Clorido	
New Registered Office Address: (City	, Florida_ y)	(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 of the po	osition.
Signature of New Regis	stered 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.

Example: X Change	PT	John Doe
X Remove	¥	Mike Jones
X Add	<u>sv</u>	Sally Smith
Type of Action (Check One)	Title	Name / Address
1) Change	<del> </del>	_ /
Add		
Remove		
2) Change		
Add		
Remove		
3 ) Change		_
Add		
Remove		
4) Change		<del>-</del>
Add		
Remove		
5) Change		
Add		
Remove		
6) Change	-	<del></del>
Add		
Remove		

(Attach additional sheets, if necessary). (Be specific)
Please create a 2 rd share of store for this corporation, making a total of
for this corporation, making a total of
Thanks.
, 
· · · · · · · · · · · · · · · · · · ·
· · · · · · · · · · · · · · · · · · ·
. 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)
<u> </u>
///h
/ ' '

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

Adate this document was signed.	, if other than the
Effective date if applicable: 3-4-19	
Effective date if applicable: 3 - 4 - 1 G  (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 document's effective date on the Department of State's records.	II not be listed as the
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	
by	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder  The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated3-4-19	
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)	_
Typed or printed name of person signing)	
(Title of person signing)	
( time of betson signing)	