## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H19000300933 3)))



H1900G3009333ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : R&P ACCOUNTING AND TAXES INC

Account Number : I20170000090 Phone : (305)358-1310 Fax Number : (305)503-6701

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: arod 930, Gmail lom

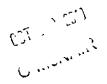
## COR AMND/RESTATE/CORRECT OR O/D RESIGN PAOLO HAIR STYLE, INC.

Certificate of Status	0
Certified Copy	U
Page Count	05
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

Help



(H190003000933 3)

## Articles of Amendment to Articles of Incorporation of

PA	AOLO HAIR STYLE INC	13.0
(Name of Corpor	ation as currently filed with the Florida Dept. of State)	17
	P99000068352	, es
(Do	current Number of Corporation (if known)	
Pursuant to the provisions of section 607,1006, Flo its Articles of Incorporation:	rida Statules, this Florida Profit Corporation adopts the following	g amendme
A. If amending name, enter the new name of the	: corporation:	
·		_The new
name must be distinguishable and contain the various "Corp.," "Inc.," or Co.," or the designation "Coword "chartered," "professional association," or the contains a second contains the contains a second contain	word "corporation," "company," or "incorporated" or the alorp," "Inc," or "Co". A professional corporation name must othe abbreviation "P.A."	bbreviation contain the
B. Enter new principal office address, if applica (Principal office address MUST BE A STREET A		
		<del></del>
		<u> </u>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	BOX)	
		1
D. If amending the registered agent and/or registered agent and/or the new register	stered office address in Florida, enter the name of the	l
Name of New Registered Agent		-
	(Florida street address)	-
New Registered Office Address:	(City) Florida (Zip C	Code)
New Registered Agent's Signature, If changing I	Registered Agent:	
I hereby accept the appointment as registered agen	t. I am familiar with and accept the obligations of the position.	1
		1
S	ignature of New Registered Agent, if changing	•

HIMM	0	100 0		
address of each Officational si Please note the offication of the Persident; V= Executive Offication; Chald. President, Treation, Treation of the Changes should he a change, Mike Jones	ficer and/or l heets, if necess ter/director ti Vice Presider CFO – Chief asurer, Direc noted in the fi es lcaves the	le by the first letter of the office title: t; T= Treasurer: S= Secretary; D= Director; TR= Trustee; C = Ch Financial Officer. If an officer/director holds more than one title, t	iairman or Clerk: GEO = list the first letter of each Jones is listed as the V. Ti	= h
Example:		,		
X Change	<u>PT</u>	John Doe		
X Remove	<u>v</u>	Mike Jones		
		= 11 = 11		

X Remove	<u>v</u>	Mike Jo	ones .		
_X Add	<u>sv</u>	Sally St	nith	ļ	
Type of Action (Check One)	<u>Title</u>		Name	Address	
1) Change	S		VALDIR DA SILVA	117 NE 2ND AVE	
X Add		_		MIAMI, FL 33132	
Remove					<u> </u>
2) Change		_			 
Add					<u> </u>
Remove					<u> </u>
3)Change		_			<u> </u>
Add				******	Ļ
Remove					<u> </u>
4) Change					
Add		_			Ī
Remove					Ī
5) Change	·				Ť
Add					i
Remove					+
6) Change					+
Add					1
Remove					_

Page 2 of 4

H 19000300933 3

H 19000300933 3

•	sary). (Be specific)			
	·····			
	<u>-</u> .			
<u></u>				
un amendmunt provides for a	n exchange reclassificat	ion, or cancellation of i	squed shares.	
rovisions for implementing th	e amendment if not con	ion, or cancellation of i	squed shares, t itself:	
an amendment provides for a rovisions for implementing th (if not applicable, indicate i	e amendment if not con	tion, or cancellation of it tained in the amendmen	squed shares, t itself:	
rovisions for implementing th	e amendment if not con	tion, or cancellation of itained in the amendmen	squed shares, t itself:	
rovisions for implementing th	e amendment if not con	tion, or cancellation of i	squed shares, t itself:	
rovisions for implementing th	e amendment if not con	tion, or cancellation of flained in the amendmen	squed shares, t itself:	
rovisions for implementing th	e amendment if not con	tion, or cancellation of i	squed shares, t itself:	
rovisions for implementing th	e amendment if not con	tion, or cancellation of i	squed shares, t itself:	
rovisions for implementing th	e amendment if not con	tion, or cancellation of i	squed shares,	
rovisions for implementing th	e amendment if not con	tion, or cancellation of i	squed shares,	
an amendment provides for a provisions for implementing th (if not applicable, indicate ?	e amendment if not con	tion, or cancellation of i	squed shares, t itself:	

H190003009333

date this document was signed.	Loption:	if other than
<del>-</del>	09/2019	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this b document's effective date on the De	lock does not meet the applicable statutory filing requirements, this date partment of State's records.	will not be listed as
Adeption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ado by the shareholders was/were suf	pted by the shareholders. The number of votes cast for the amendment(s) beient for approval.	
☐ The amendment(s) was/were approximate the separately provided for a	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	,
"The number of votes cast f	or the amendment(s) was/were sufficient for approval	
by	<u> </u>	
	(voting group)	
The amendment(s) was/were adoption was not required	sted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were adopted action was not required.	ted by the incorporators without shareholder action and shareholder	
Dated		
(By a din	ector, president or other officer - if directors or officers have not been by an incorporator - if in the hands of a receiver, trustee, or other court is fiduciary by that fiduciary)	
·	(Typed or printed name of person signing)	
	VALDIR DA SILVA	
_	(Title of person signing)	

Page 4 of 4