

10/25/2013

#2876 P.0027006

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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Division of Corporations
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COR AMND/RESTATE/CORRECT OR O/D RESIGN
SILVIA'S BEAUTY SHOP INC.

Certificate of Status	0
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Amend

DEC 15 2015

I ALBRITTON

10/25/2033 05:43

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12/14/2015 2:41:35 PM PAGE 1/001

#2873 P.001/006

Fax Server



December 14, 2015

FLORIDA DEPARTMENT OF STATE
Division of Corporations

SILVIA'S BEAUTY SHOP INC.
2263 CORAL WAY
MIAMI, FL 33145

SUBJECT: SILVIA'S BEAUTY SHOP INC.
REF: P99000096139

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The current name of the entity is as referenced above. Please correct your document accordingly.

Period after (INC).

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton
Regulatory Specialist II

FAX Aud. #: H15000293151
Letter Number: 115A00026102

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15 DEC 14 AM 3:25



Articles of Amendment
to
Articles of Incorporation
of

H 15000293151

SILVIA'S BEAUTY SHOP INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

P99000096139

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co." A professional corporation name must contain the 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 in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent MANUEL DEL PINO

2425 SW 27 AVE, APT 1104

(Florida street address)

New Registered Office Address: MIAMI

(City)

Florida 33145

(Zip Code)

2015 DEC 14 AM 9:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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 position.

✓ *Manuel del Pino*

Signature of New Registered Agent, if changing

H 15000293151

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 V Mike Jones

X Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <u>Change</u>	P	SILVIA PEREZ DEL PINO	2436 SW 24 ST
<u>Add</u>			MIAMI, FLA. 33145
<u>X</u> Remove			
2) <u>X</u> Change	P	MANUEL DEL PINO	2425 SW 27 AVE, APT 1104
<u>Add</u>			MIAMI, FLA. 33145
<u>Remove</u>			
3) <u>Change</u>	V	VERONICA HOFF	2425 SW 27 AVE, APT 1104
<u>X</u> Add			MIAMI, FLA. 33145
<u>Remove</u>			
4) <u>Change</u>			
<u>Add</u>			
<u>Remove</u>			
5) <u>Change</u>			
<u>Add</u>			
<u>Remove</u>			
6) <u>Change</u>			
<u>Add</u>			
<u>Remove</u>			

E. If amending or adding additional Articles, enter change(s) here:
(Attach additional sheets, if necessary). (Be specific)

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: _____, if other than the date this document was signed.

Effective date if applicable: 12/11/15
(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 not be listed as the document's effective date on the Department of State's records.

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 12/11/15

Signature

Manuel del Pino

(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)

MANUEL DEL PINO

(Typed or printed name of person signing)

VICE PRESIDENT

(Title of person signing)