

P17000064272

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

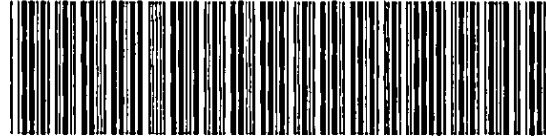
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OCT 19 AM 11:53
SECRETARY OF STATE
TALLAHASSEE FLORIDA

OCT 19 2017
S. YOUNG



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 11, 2017

BELKIS GUZMAN
TAFT VINELAND TRUCK REPAIR
998 TAFT VINELAND ROAD
ORLANDO, FL 32824

SUBJECT: A-1 BARBER SHOP, INC
Ref. Number: P17000064272

We have received your document for A-1 BARBER SHOP, INC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

CHECK ONLY ONE BOX

The document is illegible and not acceptable for imaging.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Shelia H Young
Regulatory Specialist II

Letter Number: 817A00016166

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION A-1 BARBER SHOP, INC.

DOCUMENT NUMBER p17000064272

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

Please return all correspondence concerning this matter to the following:

BELKIS GUZMAN

Name of Contact Person

TAFT VINELAND TRUCK REPAIR

Firm/Company

998 TAFT VINELAND ROAD

Address

ORLANDO, FL 32824

City/State and Zip Code

belkisguzman@live.com

E-mail address (to be used for future annual report notifications)

For further information concerning this matter, please call:

BELKIS GUZMAN at (407) 859-9220
Name of Contact Person Area Code & District Telephone Number

Enclosed is a check for the following amount which payable to the Florida Department of State:

- \$35 Filing Fee
- \$43.75 Filing Fee & Certificate of Status
- \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)
- \$52.50 Filing Fee, Certificate of Status, Certified Copy (Additional Copy is enclosed)

Main Office
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Second Address
Amendment Section
Division of Corporations
Citron Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment
to
Articles of Incorporation
of

A-1 BARBER SHOP, INC.

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

P17000064272

(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. Introducing change in the 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. Introducing the registered agent and/or principal office address by filing with this filing of the new registered agent address and new principal office address:

Name of New Registered Agent: _____

(Furnish street address)

New Registered Office Address: _____, Florida _____
(City) (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 position.

Signature of New Registered Agent, if changing

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If introducing the Officers under Directors, enter the title and name of each officer being removed and title, name, and address of each Officer under Director being added:

(Attach additional sheets, if necessary)

Please note the officer's position by the first letter of the officer title:

P = President, V = Vice President, T = Treasurer, S = Secretary, D = Director, TR = Trustee, C = Chairman of Board, CEO = Chief Executive Officer, CFO = Chief Financial Officer. If an officer holds more than one title, use 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 added as the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Removed, and Sally Smith, SV as an Add.

Example:

Change PI John Doe
 Remove V Mike Jones
 Add SV *Sally Smith

<u>Line of Action</u> (Cross & Out)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>P</u>	<u>EDMARIE SUAREZ CALDERON</u>	<u>9313 VENEZIA PLANTATION DR ORLANDO, FL 32829</u>
<i>If only one president allow, then this person will be "UP"</i>			
2) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____
3) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____
4) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____

E. Documentation of activities related to the project, system, or program(s) listed
(Attach additional sheets, if necessary) (Be specific)

ALSO NEED TO POST THE EIN #82-2346331

F. Documentation of activities for the two primary geographic areas and other regions of major concern
in connection with the implementation of the assistance by the implementing agency.
(If not applicable, indicate N/A)

This date of each amendment(s) adoption, _____, if other than the date this document was signed.

AUGUST 1, 2017

Effective date of amendment: _____
(no more than 90 days after amendment take 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 1
(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.

Date 8/2/2017

Signature Luis A. Peña Quiñones

(By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the name of a corporation, trustee, or other court appointed fiduciary by that fiduciary.)

Luis A. Peña Quiñones
(Typed or printed name of person signing)

President
(Title of person signing)