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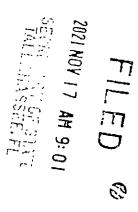
(Re	questor's Name)	
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C. BRUMBLEY

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	DRATION: CUBA AND ABE	S BARBER SHOP CORP	
DOCUMENT NUM	D10000055070		
The enclosed Article	es of Amendment and fee are su	abmitted for filing.	
Please return all corr	espondence concerning this ma	atter to the following:	
	ARAMIS ELIAS		
		Name of Contact Person	n
	CUBA AND ABE'S BARBE	ER SHOP CORP	
		Firm/ Company	
	4225 13TH ST		
	** 1	Address	
	ST CLOUD, FL 34769		
	-	City/ State and Zip Cod	С
	midtaxpapers@gmail.com		
	E-mail address: (to be u	sed for future annual report	notification)
For further informati	on concerning this matter, plea		525 8455
	of Contact Person	at (407	
:Name	of Confact Person	Area Co	de & Daytime Telephone Number
Enclosed is a cheek t	or the following amount made	payable to the Florida Depa	artment of State:
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
An Dir P.C	niling Address nendment Section rision of Corporations D. Box 6327 lahassee, FL 32314	Amend Divisio The Co 2415 N	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 ussee, FL 32303

Articles of Amendment to Articles of Incorporation of

CUBA AND ABE'S BARBER SHOP CORP

(Name of Corporation as sure	ently filed with the Florida Dept. of State)
P19000055979	ently med with the Florida pept. of State)
	er of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, t ts Articles of Incorporation:	this Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corporation	<u> </u>
CUBA'S BARBER SHOP CORP	The new
name must be distinguishable and contain the word "corporation, "Inc.," or Co.," or the designation "Corp," "Inc," or "Co" "chartered." "professional association." or the abbreviation "P.	" "company," or "incorporated" or the abbreviation "Corp.," A professional corporation name must contain the word
3. Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDRESS</u>)	
	20.
C. Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	3 3 17
	
). If amending the registered agent and/or registered office a	
new registered agent and/or the new registered office addr	<u>ress:</u>
Name of New Registered Agent	
(Florida	a street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
ton Bartana A. A. Staniana St. Karatan Bartan A.	
Sew Registered Agent's Signature, if changing Registered Ag- hereby accept the appointment as registered agent. I am famili	
Signature of Nev	w Registered Agent, if changing
Theck if applicable	

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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	<u>PT</u>	<u>John Doe</u>	
X Remove	<u>v</u>	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	VP	ABRAHAM CALAS	3320 PEKA-N ST
Add			ST CLOUD FL 34772
X Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change		-	
Add			
Remove			***
6) Change			
Add			
Remove			

(Attach additional sheets, if necessary).	ticles, enter change . (Be specific)	Ast Refe.		
			<u> </u>	
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			· • • • • • • • • • • • • • • • • • • •	<u> </u>
			-	
If an amendment provides for an exc provisions for implementing the am	hange, reclassificat	ion, or cancellation	of issued shares,	
(if not applicable, indicate N/A)	endment if not con	tained in the amend	<u>lment itself:</u>	
,				
1				

The date of each amendment(date this document was signed.	s) adoption:	, if other than the
-		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
	is block does not meet the applicable statutory filing requirements, this dae Department of State's records.	ite will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were action was not required.	adopted by the incorporators, or board of directors without shareholder actions and other directors without shareholder actions.	on and shareholder
☐ The amendment(s) was/were by the shareholders was/wer	adopted by the shareholders. The number of votes cast for the amendment(e sufficient for approval.	s)
	approved by the shareholders through voting groups. The following stateme for each voting group entitled to vote separately on the amendment(s):	nt
"The number of votes of	east for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
10/11/2 Dated		
sele	a director, president or other officer – if directors or officers have not been eted, by an incorporator – if in the hands of a receiver, trustee, or other cour ointed fiduciary by that fiduciary)	t
	ARAMIS ELIAS	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	 _