487485

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(City/State/Zip/Phone #)
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SECRETARY OF STATE
VALLAHASSEE, FLORID

Anend C.COULLIETTE

MAY 0 6 2010

EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORI	PORATION:	RAY'S BARBER SHOP,	INC
DOCUMENT NU	JMBER:	487485	·
The enclosed Artic	cles of Amendment and fee a	are submitted for filing.	
Please return all co	orrespondence concerning th	is matter to the following:	
		KIM MARKS	
	Ŋ	lame of Contact Person	
		KIM MARKS CPA	
		Firm/ Company	
	21:	36 NE 123 STREET	
		Address	
	NOR	TH MIAMI, FL 33181	
	C	City/ State and Zip Code	
	kimmarks E-mail address: (to be use	cpa@bellsouth.NET	
For further inform	ation concerning this matter,	please call:	
	KIM MARKS	at (95-5815
Name	e of Contact Person	Area Code & Daytime Tel	epnone Number
Enclosed is a chec	k for the following amount r	nade payable to the Florida Depar	tment 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)
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	le [·]
		Tallahassee, FL 32301	

Articles of Amendment to Articles of Incorporation of

RAY'S BARI	BER SHOP, INC	
(Name of Corporation as curren	tly filed with the Florida Dept. of State)	
48	87485	
	er of Corporation (if known)	
Pursuant to the provisions of section 607.1006, amendment(s) to its Articles of Incorporation:	Florida Statutes, this Florida Profit Corporation adopt	ts the following
A. If amending name, enter the new name of t	he corporation:	
		The new
	cable:	
 C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE) D. If amending the registered agent and/or registered agent and/or the new registered. 	gistered office address in Florida, enter the name of th	10 HAY -3 AH 10: 54
Name of New Registered Agent: N	MORTON R. GOUDISS	
<u>1</u> New Registered Office Address:	(Florida street address)	
<u>B</u>	AY HARBOR ISLANDS , Florida 33154 (City) (Zip Code)	<u>- </u>
	ent. I am familiar with and accept the obligations of the	position.
$\frac{1}{Sig}$	me fon Q / com Com gnature of New Registerest 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)

<u>Title</u> Name 1 Address **Type of Action** PD AVELO, JESUS ANTONIO 1911 SW 37 AVENUE_____ ALVELO, JESUS ANTONIC PD ALVELO, NUVIA 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 amen	adment(s) adoption: <u>04/27/10</u>
	(date of adoption is required)
Effective date if applic	able:
•	(no more than 90 days after amendment file date)
Adoption of Amendmo	ent(s) (<u>CHECK ONE</u>)
	was/were adopted by the shareholders. The number of votes cast for the amendment(s) was/were sufficient for approval.
	was/were approved by the shareholders through voting groups. The following statement provided for each voting group entitled to vote separately on the amendment(s):
"The number of	f votes cast for the amendment(s) was/were sufficient for approval
by	,"1
	(voting group)
action was not requi	was/were adopted by the incorporators without shareholder action and shareholder
Dated Signa	(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)
	Jesus Antonio Alvelo
	(Typed or printed name of person signing)
	PD
	(Title of person signing)