

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-6243

Please use funds from Account: I20210000160 Amount: \$ 35.00

Authorization Signature: James F. Sullivan
Forty-First Street Barbershop, Inc. F62050

Business

Document #

Walk in _____ Pick up time _____

___ Mail out _____ Will wait

___ Photocopy

___ **Certified Copy (s) of Articles**

___ **Certificate of Status**

NEW FILINGS

___ Profit
___ Not for Profit
___ Limited Liability
___ Domestication
___ Other
___ **CORP**

AMMENDMENTS

X Amendment
___ Resignation of R.A. Officer/Director
___ Change of Registered Agent
___ Dissolution/Withdrawal
___ Merger
___ **Conversion**
___ Articles of Conversion

OTHER FILINGS

___ Annual Report
___ Fictitious Name
___ **ARTICLES OF CORRECTION**

REGISTRATION/QUALIFICATIONS

___ Foreign filing
___ Limited Partnership
___ Reinstatement

___ APOSTIL() ___ **Country** ___ Other

EXAMINER'S INITIALS: _____



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 15, 2022

FLORIDA CAPITAL COURIER SERVICES INC

TALLAHASSEE, FL 32309

SUBJECT: FORTY-FIRST STREET BARBER SHOP, INC.
Ref. Number: F62050

We have received your document for FORTY-FIRST STREET BARBER SHOP, INC. and the authorization to debit your account in the amount of \$35.00. However, the document has not been filed and is being returned for the following:

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

Please list the new officer's addresses.

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) 245-6823.

Annette Ramsey
OPS

Letter Number: 522A00020589

TALLAHASSEE, FLORIDA

2022 SEP 16 AM 8:46

RECORDED

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: FORTY-FIRST STREET BARBER SHOP, INC.

DOCUMENT NUMBER: F62050

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

Please return all correspondence concerning this matter to the following:

GEORGE A. ALVAREZ ESQ.
Name of Contact Person

LAW OFFICE OF GEORGE ALVAREZ
Firm/ Company

10281 SUNSET DRIVE , SUITE 102-B
Address

MIAMI, FLORIDA 33173
City/ State and Zip Code

george@gaalawfirm.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GEORGE A. ALVAREZ ESQ. at (305) 270-1000
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made 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)

Mailing Address
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address
Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment
to
Articles of Incorporation
of

FILED

FORTY-FIRST STREET BARBER SHOP, INC.

2022 SEP 16 AM 8:28

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

F62050

(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**)

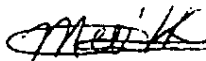
C. Enter new mailing address, if applicable:
(Mailing address **MAY BE A POST OFFICE BOX**)

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 MAIKEL RAMIREZ SANCHEZ
860 EAST 41ST STREET
(Florida street address)
New Registered Office Address: HIALEAH, Florida 33013
(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

Check if applicable

The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), 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:

Change PT John Doe

Remove V Mike Jones

Add SV Sally Smith

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change	<u>PSTD</u>	<u>IRAIN CRUZ</u>	<u>41 E 43 STREET</u>
<input type="checkbox"/> Add			<u>HIALEAH, FLORIDA 33013</u>
<input checked="" type="checkbox"/> Remove			
2) <input type="checkbox"/> Change	<u>P</u>	<u>MAIKEL RAMIREZ SANCHEZ</u>	<u>1333 W 49TH PLACE, APT 305</u>
<input checked="" type="checkbox"/> Add			<u>HIALEAH, FLORIDA 33012</u>
<input type="checkbox"/> Remove			
3) <input type="checkbox"/> Change	<u>T</u>	<u>JORGE PEDRO ESCOBIO AVILA</u>	<u>6885 W. 77th Avenue, Apt 810</u>
<input checked="" type="checkbox"/> Add			<u>Hialeah, Florida 33014</u>
<input type="checkbox"/> Remove			
4) <input type="checkbox"/> Change	<u>S</u>	<u>JORGE C. ESCOBIO ALPUIN</u>	<u>6975 W 16th Avenue, Apt 120</u>
<input checked="" type="checkbox"/> Add			<u>Hialeah, Florida 33014</u>
<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			

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

Effective date if applicable: _____
(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 incorporators, or board of directors without shareholder action and shareholder action was not required.
- 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)

August 29, 2022
Dated _____

Signature IRAIN CRUZ
(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)

IRAIN CRUZ

(Typed or printed name of person signing)

PSTD

(Title of person signing)