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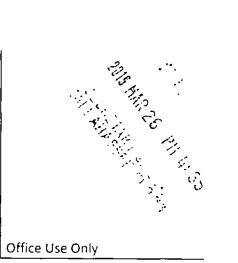
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1000 Ponce de Leon Blvd. Suite: 105 Coral Gables, FL 33134 Phone: 305-444-4994 Email: filing@ecfsfiling.com



CORPORATION NAME(S) & DOCUMENT NUMBERS(S):

(CORPORATE NAM	1 Barber Shop Inc	(DOCUMENT #)
2. (CORPORATE NAM	Ε)	(DOCUMENT #)
3. (CORPORATE NAM	E)	(DOCUMENT #)
□ Walk-In	Pick up time: Certified Co	ppy Certificate Of Status
Walk-In New Filings	Pick up time: Certified Co	
		Other Filings Annual Report
New Filings	Amendments	Other Filings
New Filings Profit	Amendments Amendments	Other Filings Annual Report

Examiners Initials

ARTICLES OF AMENDMENT TO ARTICLES OF INCORPORATION OF

2019 MAR 26 PH 4: 36

THE AHASSEE FLORES

GRISEL BARBER SHO)P INC
(Name of Corporation as current	tly filed with the Florida Dept of State)
P020000	
(Document Numb	per of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statues,	, 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	on:
name must be distinguishable and contain the word "corporatio or Co." or designation "Corp." "Inc." or "Co". A professional cassociation," or the abbreviation "P.A."	on," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," corporation name must contain the word "chartered," "professional
B. Enter new principal office address, if applicable:	
(Principal office address MUST BE A STREET ADDRE	SS)
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 and/or the new registered office address:	address in Florida, enter the name of the new registered agent
New Registered Agent's Signature, if changing Registered A I hereby accept the appointment as registered agent. I am famili	
address of each Officer and/or Director being added If amer (Attach additional sheets, if necessary) Please note the officer/director title by the first letter of the offic P=President; V=Vice President; T= Treasurer; S=Secretary; D= Executive Officer; CFO = Chief Financial Officer. I am officer/ held. President, Treasurer, Director would be PTD Changes should be noted in the following manner. Currently Jol	ee title:
XRemove V Mike Jones	
X_ Add SV Sally Smith	

Type of Ac (Check On	<u>Title</u> e)	<u>Name</u>	Address
1)Cha	nnge _PD_	Ivan Cruz	2422 NW 27th Ave
A	dd		Miami, Fl 33142
_X	Remove		
2)Ch	ange		
A			
	emove		
3)C			
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R	emove		
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E <u>. If ame</u> (Attac	nding or adding ad h additional sheets, i	ditional Articles, enter cha f necessary). (Be specific)	nge(s) here:
			
			
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4 - 1	•
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	The date of each amendment(s) adoption 05/24/2018if other than the date this document was signed.
	Effective date if applicable: 05/24/2018
	(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)
	_X_The amendment(s) was/were adopted by the shareholders. The number of votes Cast for the amendment(s) 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
	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: 03/25/2019
	Signature + A
	(By a director, pre vident of other officer- if directors or officers have not been selected, by an incorporator- if it the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
	Ivan Cruz
	(Typed or printed name of person signing)
	President (Title of person signing)