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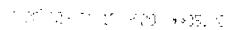


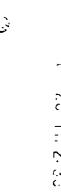
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SECRETARY OF SECULARASSEE, FEE





COVER LETTER

* TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	LEO'S BARBER SHOP INC
POÄ	00167,300
DOCUMENT NUMBER:	
The enclosed Articles of Amenda	ent and fee are submitted for filing.
Please return all correspondence c	oncerning this matter to the following:
STEPHEN	VAN PETTEN
	Name of Contact Person
	Firm' Company
3048 ED G	ORDON DR
TALLAHA	Address SSEE, FL 32310
·	City! State and Zip Code
STEVEVA	NPETTEN+SUNBIZ@GMAIL.COM
E-mai	address: (to be used for future annual report notification)
For further information concernin	this matter, please call:
STEVE VANPETTEN	727 946-4452
Name of Contact I	erson at () Area Code & Daytime Telephone Number
Enclosed is a check for the follow	ing amount made payable to the Florida Department of State:
	75 Filing Fee & S43.75 Filing Fee & S52.50 Filing Fee ficate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed)
<u>Mailing Addre</u> Amendment Sec	
Division of Cor	, ·
P.O. Box 6327 Tallahassee, FL	The Centre of Tallahassee 2415 N. Monroe Street, Suite 810
ramanassee, FL	Tallahassee, FL 32303

Articles of Amendment

to
Articles of Incorporation

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Leo's	Barber 5th	P / 1/ 2022 DEC 28	PH 2: 47
(Nar	ne of Corporation as currently (filed with the Florida Dept, of State,), みた なお 。
	P04000167	30 SECRETAR TALLAHASS	EE. ILL
	(Document Number of C		
	AM DAY III II A		
Pursuant to the provisions of section <i>C</i> its Articles of Incorporation:	$0.7,1006$, Florida Statutes, this $F\ell$	orida Profit Corporation adopts the b	ollowing amendment(s) to
A. If amending name, enter the new STENIKA CORP.	v name of the corporation:		
name must be distinguishable and con	tain the word "cornoration " "con	nevane" or "invarious ted" or the abl	The new
"Inc.," or Co.," or the designation	"Corp," "Inc," or "Co". A p	professional corporation name must	contain the word
"chartered." "professional associatio	m," or the abbreviation "P.A."	3048 ED GORDON DR.	
B. Enter new principal office addre	ess, if applicable:		
(Principal office address MUST BE.	<u>4 STREET_ADDRESS</u>)	TALLAHASSEE, FL 32310	
		· · · · · · · · · · · · · · · · · · ·	
C. Enter new mailing address, if a	if applicable:	3048 ED GORDON DR.	
(Mailing address <u>MAY BE A PO.</u>	ST OFFICE BOX)		7-11-1-1-1-1
		TALLAHASSEE, FL 32310	
D. If amending the registered agen		s in Florida, enter the name of the	
new registered agent and/or the	new registered office address:		
Name of New Registered Age	ent		
	3048 ED GORDON DR		
	el lorida strevi	(address)	
New Registered Office Addre	TALLAHASSEE	, Florida	32310
New Registered Cyfice Addae	ne"	ity)	(Zip Code)
New Registered Agent's Signature, I hereby accept the appointment as re	if changing Registered Agent:	le mel excession describitions in a children	adel an
Thereby accept the appointment us re	gisterea ageni 1 am jaminar wu	н ана ассерсте obtigations ој те ро	sidon.
	Signature of New Reg	istered Agent, if changing	
Check if applicable			
☐ The amendment(s) is/are being file	d 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.

X Change	<u>PT</u>	John Doe	
X Remove	\underline{V}	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
(Check One) X	Р	STEPHEN VAN PETTEN	3048 ED GORDON DR.
1) Change			TALLAHASSEE, FL 32310
Add			
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove	ĺ		
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	cessary). (Be specific)
<u>.</u>	
•	<u> </u>
]
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in amendment provides fo	ir an exchange, reclassification, or cancellation of issued shares.
ovisions for implementing	the amendment if not contained in the amendment itself:
in amendment provides for implementing (if not applicable, indica	the amendment if not contained in the amendment itself:
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ovisions for implementing	the amendment if not contained in the amendment itself:

The date of each amendment(s)	adoption:, if other than the
date this document was signed.	
Effective date if applicable:	
Effective date in applicable.	(no more than 90 days after amendment file date)
Note: If the date inserted in this document's effective date on the l	block does not meet the applicable statutory filing requirements, this date will not be listed as the Department of State's records.
Adoption of Amendment(s)	(CHECK ONE)
■ The amendment(s) was/were acaction was not required.	lopted by the incorporators, or board of directors without shareholder action and shareholder
☐ The amendment(s) was/were ac by the shareholders was/were	lopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.
	oproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendmentss:
"The number of votes cas	it for the amendment(s) was/were sufficient for approval
by	·
	(voting group)
12/28/20	22
Dated	
	4 112
Signature _	
اللب ا	Sirector, president or other officer - if directors or officers have not been
select	ed, by an incorporator – if in the hands of a receiver, trustee, or other court
appoi	nted fiduciary by that fiduciary)
	STEPHEN VANPETTEN
	(Typed or printed name of person signing)
	(E)
	(Title of person signing)