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(Re	equestor's Name)	
. (Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT .	MAIL
(Bu	isiness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status _ · ·
Special Instructions to	Filing Officer:	
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APPROVED



COVER LETTER

TO: Amendment Section

Division of Corporations .			
NAME OF CORPORATION: Just F	or Men Barber Shop, Inc		
DOCUMENT NUMBER: P09000094	4977		
The enclosed Articles of Amendment and fee are	submitted for filing.		
Please return all correspondence concerning this i	matter to the following:		
Natalia	e of Contact Person		
Just for Men	Barber Shop Ine		
911-913 N. Fe	deral Highway Address		
Ft, Landerdale City	FL 33304 State and Zip Code		
E-mail address: (to be used f	or future annual report notification)		
For further information concerning this matter, pl	ease call:		
Bronya Glazer	at (954) 456 - 7474		
Name of Contact Person	Area Code & Daytime Telephone Number		
Enclosed is a check for the following amount made	de payable to the Florida Department of State:		
\$35 Filing Fee \$43.75 Filing Fee & Certificate of Status	✓ \$43.75 Filing Fee & ☐ \$52.50 Filing Fee Certified Copy (Additional copy is enclosed) Certificate of Status Certified Copy (Additional Copy is enclosed)		
Mailing Address	Street Address		
Amendment Section	Amendment Section		
Division of Corporations	Division of Corporations		
P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle			

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

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

P090000 94977

(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:

name must be distinguishable and contain the abbreviation "Corp.," "Inc.," or Co.," or the de				
name must contain the word "chartered," "profes	sional associa	tion," or the abl	reviation "P.A	l."
B. Enter new principal office address, if applic (Principal office address <u>MUST BE A STREET</u>)		911 - 913 Ft. Lau	dendale	<u>leral</u> Hig _,FL 3330
C. Enter new mailing address, if applicable:	L BOW)			
(Mailing address <u>MAY BE A POST OFFICE</u>	<u>(BUX</u>)			<u> </u>
D. <u>If amending the registered agent and/or reg</u> new registered agent and/or the new registe	istered office		la, enter the n	ame of the
D. If amending the registered agent and/or reg	istered office		la, enter the n	ame of the
D. <u>If amending the registered agent and/or reg</u> new registered agent and/or the new registe	istered office red office add			ame of the
D. If amending the registered agent and/or reg new registered agent and/or the new registe Name of New Registered Agent:	istered office red office add	ress:		name of the

Signature of New Registered Agent, if changing

FILED
FILED

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SECRETARY OF STATE
FALLAHASSEE, ELDONG

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>	<u>Name</u>	Address	Type of Action
			Add Remove
			☐ Add☐ Remove
			Add Remove
E. If amen (attach a	ding or adding additional Articles dditional sheets, if necessary). (E	s, enter change(s) here: Be specific)	
provisi	mendment provides for an excharons for implementing the amendrate and applicable, indicate N/A)	nge, reclassification, or cancellati nent if not contained in the amer	on of issued shares, adment itself:

The date of each amendment(s)	adoption: 12/14/09
Effective date <u>if applicable</u> :	adoption: 12/17/09 (date of adoption is required) 12/14/09 to more than 90 days after amendment file date)
	o more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were a by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.
	approved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):
"The number of votes cas	t for the amendment(s) was/were sufficient for approval
by	oting group)
(ve	oting group)
The amendment(s) was/were a action was not required.	adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/were a action was not required.	adopted by the incorporators without shareholder action and shareholder
Dated 12,	15/09
Signature	Patalia Syrine
(Ву а с	director, president or other officer – if directors or officers have not been
	d, by an incorporator – if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary)
	and the state of
-	Natalia Lykins (Typed or printed name of person signing)
	(Typed or printed name of person signing)
	President
-	(Title of person signing)