P10000029721

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APR 5 2012 T. LEWIS

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: RazzleDaz BER: P1000002972	zle Barbershop 1	II, Inc.
	of Amendment and fee are su		
Please return all corre	spondence concerning this ma	tter to the following:	
	Elena Linares		
		Name of Contact Person	n
	RazzleDazzle Ba	rbershop II, Inc.	
		Firm/ Company	
	224 Miracle Mile		
		Address	
	Coral Gables, Flo	orida 33134	
		City/ State and Zip Cod	е
Ele	naLinares2020@	gmail.com	
		sed for future annual report	notification)
For further information	n concerning this matter, pleas	se call:	
Elena Linare	S	at (305	, 508-8081
Name	of Contact Person		de & Daytime Telephone Number
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	artment 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)
Ame Divi P.O.	ling Address endment Section sion of Corporations Box 6327 ahassee, FL 32314	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building executive Center Circle assee, FL 32301

Articles of Amendment to Articles of Incorporation of

RazzleDazzle Barbershop II,	Inc.			
(Name of Corporation as current	ly filed with the Flo	rida Dept. of State)		_
P10000029721				_
(Document Number	er of Corporation (if k	nown)		_
Pursuant to the provisions of section 607.1006, Floits Articles of Incorporation:	orida Statutes, this Fl	orida Profit Corporation a	dopts the followin	g amendment(s) to
A. If amending name, enter the new name of the	e corporation:			
				_The new
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "Cword "chartered," "professional association," or	Corp," "Inc," or "Co	o". A professional corpor	orated" or the a ation name must	bbreviation contain the
B. Enter new principal office address, if applic (Principal office address MUST BE A STREET)				-
				- -
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	BOX)			-
				.
				-
D. If amending the registered agent and/or reg new registered agent and/or the new registe		s in Florida, enter the nai	me of the	
Name of New Registered Agent			-	
	(Florida street	address)	-	
New Registered Office Address:		, Florida		_
	(City)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(Zip Code)	
New Registered Agent's Signature, if changing	Registered Agent			
I hereby accept the appointment as registered age.		h and accept the obligation	s of the position.	

Signature of New Registered 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)

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.

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Example: XChange	PT John	n Doe	
X Remove	<u>V</u> <u>Mik</u>	<u>ke Jones</u>	
X Add	<u>SV</u> <u>Sall</u>	y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
Change X Add Remove	D. V	Carl J. Grasso	224 Miracle Mile Coral Gables, Florida 33134
2) Change Add Remove			
3) Change Add Remove			
4) Change Add Remove			
5) Change Add Remove			
6) Change Add Remove			

K amending or adding additional Artic attach additional sheets, if necessary).	(Be specific)
, , , , , , , , , , , , , , , , , , ,	
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f an amendment provides for an exchaprovisions for implementing the amen (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, and and an and an analysis is a same of the

The date of each amendment(s) ac	doption:
Effective date <u>if applicable</u> :	
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
☐ The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) flicient for approval.
	proved by the shareholders through voting groups. The following statement 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)
	(voting group)
☐ The amendment(s) was/were add action was not required.	opted by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and shareholder
Dated April 2	, 2012
Signature	lena Brocke,
(By a d	irector, president or other officer - if directors or officers have not been
selected	d, by an incorporator – if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary)
аррот	led fiducially by that fiducially)
	Elena Linares
	(Typed or printed name of person signing)
	President
	(Title of person signing)