P1000054665

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COVER LETTER

TO: Amendment Section
Division of Corporations

	RATION: VIP CUTS		PINC.	
DOCUMENT NUM	_{BER:} P1000005466	5		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.		
Please return all corre	spondence concerning this ma	tter to the following:		
	MANUERICK VIL	LAFANE		
		Name of Contact Person	1	
	VIP CUTS BARB	ER SHOP INC.		
	_	Firm/ Company		
	17519 PINES BL	VD.		
•		Address		
	PEMBROKE PIN	ES, FL. 33029		
		City/ State and Zip Cod	e	
MA	NNYVCORP@YA	AHOO COM		
		sed for future annual report	notification)	
For further information	on concerning this matter, pleas	se call:		
MANUERIC	K VILLAFANE	at (786	, 473-9114	
Name	of Contact Person		de & Daytime Telephone Number	
Enclosed is a check for	or 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)	
	iling Address		Address	
	endment Section rision of Corporations	Amendment Section Division of Corporations		
). Box 6327	Clifton Building		
Tal	lahassee, FL 32314		Executive Center Circle assee, FL 32301	
		i aliana	20000, I'L J4JVI	

Articles of Amendment Articles of Incorporation

of



VIP CUTS BARBER SHOP INC

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

P10000054665

dment(s) to

A. If amending name, enter the new name of the corporation:	•	
N/A	The	
name must be distinguishable and contain the word "corporat "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	r "Co". A professional corporation name must conta	
3. Enter new principal office address, if applicable:	17519 PINES BLVD.	
Principal office address <u>MUST BE A STREET ADDRESS</u>)	PEMBROKE PINES, FL. 33029	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	17519 PINES BLVD.	
· •	PEMBROKE PINES, FL. 33029	
 If amending the registered agent and/or registered office ad new registered agent and/or the new registered office addresses. 		
Name of New Registered Agent MANUERICK		
Nume of New Registered Agent		
(Florida	street address)	
New Registered Office Address: 17519 PINES BLVD.	PEMBROKE PINES, Florida 33029	
NEW REVINIEUR COULE AUGIEEN	ity) (Zip Code)	

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	<u>V</u>	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	PRESIDENT	MANUEL VILLAVICENCIO	6430 NW 192ND TERR
Add			HIALEAH, FL. 33015
X- Remove			
2) Change	PRESIDENT	MANUERICK VILLAFANE	17519 PINES BLVD.
X Add			PEMBROKE PINES, FL. 33029
Remove			
3) Change	VICEPRESIDENT	EDWIN COLON	18731 NW 5TH STREET
X Add			PEMBROKE PINES, FL. 33029
Remove			
4) Change	<u> </u>		
Add			
Remove			
5) Change			
Add			W
Remove			
6) Change			
Add			
Remove			

	If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)			
		-		
		,		
•				
•	· -			
	····			
				-, -
If an amendment provides for an provisions for implementing the (if not applicable, indicate N/.	amendment if not co	cation, or cancellat ontained in the ame	ion of issued shares endment itself:	1
provisions for implementing the	amendment if not co	cation, or cancellat ontained in the ame	ion of issued shares	
provisions for implementing the	amendment if not co	cation, or cancellat ontained in the ame	ion of issued shares	
provisions for implementing the	amendment if not co	cation, or cancellat ontained in the ame	ion of issued shares	
provisions for implementing the	amendment if not co	cation, or cancellat ontained in the ame	ion of issued shares	
If an amendment provides for an provisions for implementing the (if not applicable, indicate N/.	amendment if not co	ontained in the ame	ion of issued shares	

The date of each amendment(s) a	option: 07/01/2012
	/08/2012
micense date <u>si rippicative</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	pted by the shareholders. The number of votes cast for the amendment(s) fficient for approval.
	roved 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)
action was not required.	pted by the board of directors without shareholder action and shareholder pted by the incorporators without shareholder action and shareholder
Dated	
selecte	rector president or other officer – if directors or officers have not been l, by an incorporator – if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)
	MANUERICK VILLAFANE
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)