P10000054665

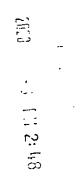
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Michel

I ALERITTON

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORP	ORATION: VIP CUTS BARB	ER SHOP, INC	
	MBER: P10000054665		
The enclosed Articl	les of Amendment and fee are su	bmitted for filing.	
Please return all co	rrespondence concerning this ma	tter to the following:	
	MANUERICK VILLAFANE	3	
		Name of Contact Person	1
	VIP CUTS BARBER SHOP,	INC	
		Firm/ Company	
	17519 PINES BLVD		
		Address	
	PEMBROKE PINES, FL 330)29	
		City/ State and Zip Cod	e
	MANNYVCORP@YAHOO	.COM	
	E-mail address: (to be us	sed for future annual report	notification)
For further informa	tion concerning this matter, pleas	se call:	
MANUERICK VII	LLAFANE	786 at (
Nan	ne of Contact Person		de & Daytime Telephone Number
Enclosed is a check	for the following amount made	payable to the Florida Depa	artment of State:
S35 Filing Fee	S43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
	Tailing Address Immendment Section Division of Corporations O. Box 6327 allahassee, FL 32314	Amend Division The Co 2415 N	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assec, FL 32303

Articles of Amendment to Articles of Incorporation of

VIP CUTS BARBER SHOP, INC.

P10000054665 (Document Number of Cor Pursuant to the provisions of section 607,1006, Florida Statutes, this <i>Flori</i>	poration (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, this <i>Flori</i>	poration (if known)
·	
its Articles of Incorporation:	da Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corporation:	T)
name must be distinguishable and contain the word "corporation," "comp "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A pro "chartered," "professional association," or the abbreviation "P.A."	
B. Enter new principal office address, if applicable:	/A
(Principal office address MUST BE A STREET ADDRESS)	71/29
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	/A
	2148
 If amending the registered agent and/or registered office address in new registered agent and/or the new registered office address: 	n Florida, enter the name of the
Name of New Registered Agent N/A	
(Florida street ad	ldress)
New Registered Office Address:	, Florida
(City)	(Zip Code)

Check if applicable

[☐] The amendment(s) is/are being filed 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.

Example:	D.T.	11.18	
X Change	<u>PT</u>	John Doc	
X Remove	<u>V</u>	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	S	COLON, EDWIN	19145 NW 13TH STREET
Add			PEMBROKE PINES, FL 33029
X Remove			
2) Change			
Add			
Remove 3) Change	·		
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			·
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)	
N/A	
C. If a consider for a continuous medical firstion an appeallation of issued shows	
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:	
(if not applicable, indicate N/A)	
N/A	
	

.

The date of each amendment(s)	adoption:, if other than the
late this document was signed.	
9/1 Effective date <u>if applicable</u> :	/2020
meetive date in applicable.	(no more than 90 days after amendment file date)
Note: If the date inserted in this locument's effective date on the E	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 ac action was not required.	dopted by the incorporators, or board of directors without shareholder action and shareholder
The amendment(s) was/were ac by the shareholders was/were s	dopted by the shareholders. The number of votes east 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 amendment(s):
"The number of votes cas	st for the amendment(s) was/were sufficient for approval
by	
· · · · · · · · · · · · · · · · · · ·	(voting group)
9/1/2020 Dated Signature	
	director prosident or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court
	nted fiduciary by that fiduciary)
	MANUERICK VILLAFANE
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)