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(Ad	dress)	
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(Cit	ty/State/Zip/Phone	· #)
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C. CARROTHERS

COVER LETTER

Division of Corporations
NAME OF CORPORATION: Del's Barbachop Salon, Inc. DOCUMENT NUMBER: PUDDO 000494.
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Edel Brito
Del's Barbershop / Salon, Inc
Firm/ Company
1082 3W 160 AVE
Address 7.2.2.2(
Survise to 35566
City/ State and Zip Code
Susy, brito@yahoo.com
E-mail address: (to be used for future annual-report notification)
For further information concerning this matter, please call:
delasusana Brito at 786, 2620339
Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee

Mailing Address

TO: Amendment Section

Amendment Section **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

Street Address
Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to

Articles	of	Incorpor	ation
		of	

Del's Barberel	10p/Salon,In	C
(Name of Corporation as current	ly filed with the Florida Dept. of	State)
P1100006	10494	•
(Document Number of	of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts	the following amendment(s) to
A. If amending name, enter the new name of the corporation:	NIA	The new
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation	d" or the abbreviation
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	XIA	
	10 11	
		PR
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
	NIA	
•		8: 2
		<u> </u>
D. If amending the registered agent and/or registered office add		the
Name of New Registered Agent	Brito	
1287 SIM	VOO AUD	* **
(Florida st	reet address)	
New Registered Office Address: SUN	121 TI	orida BBU
ivew negisterea Office Address.	$\frac{Color}{(City)}$	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent—I am familiar		the position
	bids	,
Signature of New 1	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.

Example: X Change	PT John Doe	
X Remove	<u>V</u> <u>Mike Jones</u>	
X Add	SV Sally Smith	
Type of Action (Check One)	<u>Title</u> <u>Name</u>	<u>Addres</u> s
l) Change	Y SUSana L. Martinez-	Brito 13825W160AVE
Add		Sunvise, FL 33321
Remove		
2) X Change	P Edel Brito	13825W 160AV
Add		SUNVEC PL 33324
Remove		
3) Change		
Add		
Remove		
4) Change		
Add		
Remove		
5) Change		
Add		
Remove		
6) Change		
Add		
Remove		·

E. <u>If amending or a</u> (Attach <i>additional</i>	adding additional Ar	rticles, enter change . (Be specific)	(s) here:		
N	A				· · · · · · · · · · · · · · · · · · ·
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	·				
					
If an amendment provisions for it	t provides for an exc implementing the am	change, reclassificat tendment if not conf	ion, or cancellation tained in the amend	of issued shares, ment itself:	
(if not appli	icable, indicate N/A)				
11.0		.			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
NIA				\	
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The date of each amendment(s) ad	option:	, if other than the
date this document was signed.	Supara adicultar	
Effective date if applicable:	irnmikalatuly	
	(no more than 90 days after amendment file	date)
Note: If the date inserted in this b document's effective date on the De	lock does not meet the applicable statutory filing requires partment of State's records.	ments, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes cast for the fficient for approval.	amendment(s)
	roved by the shareholders through voting groups. The followard voting group entitled to vote separately on the amend	
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	(voting group)	
The amendment(s) was/were ado action was not required.	pted by the board of directors without shareholder action a	and shareholder
☐ The amendment(s) was/were ado action was not required.	pted by the incorporators without shareholder action and si	hareholder
DatedL	+ 11 2016, 1 hits	
Signature	· Poll MIO	
	irector, president of other officer - if directors or officers h	
	d, by an incorporator – if in the hands of a receiver, trusteeded fiduciary by that fiduciary)	, or other court
uppv	Dal Prito (DUNK	
	Eat Dilo Contin)
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	