P13000027113

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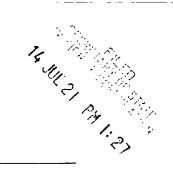


And 10,8,4,14

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: CARIBBEAN CUTZ BARBER SHOP INC						
DOCUMENT NUMBER: P13000027113						
	The enclosed <i>Articles of Amendment</i> and fee are submitted for filing.					
-		-				
Please return all correspondence con	cerning this matt	er to the following:				
DION GIBSON						
CARIBE	Name of Contact Person CARIBBEAN CUTZ BARBER SHOP INC					
		Firm/ Company				
18174 N	IW 2ND A					
		Address				
MIAMI F	FL 33169					
		City/ State and Zip Code	е			
DIONGIB8(@YAHOO	.COM				
· · · · · · · · · · · · · · · · · · ·	_	ed for future annual report	notification)			
For further information concerning this matter, please call:						
DION CIRCON	·	054	204 1906			
DION GIBSON		at (954				
Name of Contact Per	son	Area Co	de & Daytime Telephone Number			
Enclosed is a check for the following amount made payable to the Florida Department of State:						
	Filing Fee & eate 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)			
Mailing Address Amendment Section Division of Corpo P.O. Box 6327 Tallahassee, FL 32	rations	Amend Divisio Clitton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle assee, FL 32301			



Articles of Amendment Articles of Incorporation

CARIBBEAN CUTZ BARBER SHOP INC

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

P13000027113	
(Document Number of Cor	poration (if known)
Pursuant to the provisions of section 607,1006, Florida Stats Articles of Incorporation:	atutes, this Florida Profit Corporation adopts the following amendment(
A. If amending name, enter the new name of the corpo	ration:
	The new
name must be distinguishable and contain the word "c "Corp.," "Inc.," or Co.," or the designation "Corp." ". "ord "chartered," 'professional association," or the abbi	corporation," "company," or "incorporated" or the abbreviation "Inc." or "Co". A professional corporation name must contain the reviation "P.A."
B. Enter new principal office address, if applicable:	DION GIBSON
Principal office address <u>MUST BE A STREET ADDRES</u>	18174 NW 2ND AVENUE
	MIAMI FL 33169
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	SAME
). If amending the registered agent and/or registered o	office address in Florida, enter the name of the
new registered agent and/or the new registered offic	
Name of New Registered Agent DION GIE	·
	W 2ND AVENUE
NALANAE	(Florida street address)
New Registered Office Address:	(City) (Zip Code)
New Registered Agent's Signature, if changing Register	
hereby accept the appointment as registered agent. (am	n tamiliar with and accept the obligations of the position.
rignuire of few R	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	<u>PT</u>	John Doe				
X Remove	<u>V</u>	Mike Jones				
X Add	<u>sv</u>	Sally Smith				
Type of Action (Check One)	Title	Name	<u>Addres</u> s			
1) Change	Р	MARCUS HUGGINS	18174 NW 2ND AVENUE			
Add			MIAMI FL 33169			
Remove						
2) Change	P	DION GIBSON	18174 NW 2ND AVENUE			
✓ ∧dd			MIAMI FL 33169			
Remove						
3) Change			·			
4) Change						
Add						
Remove						
5) Change						
Add						
Remove						
6) Change			111111111111111111111111111111111111111			
Add						
Remove						

reach dannoun sneets, if necessar	Articles, enter ch ry). (Be specific,)
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If an amendment provides for an o	exchange, reclass	ification, or cancellation of issued shares,
— provisions for implementing the :		contained in the amendment itself:
	,	
(if not applicable, indicate N/A		•
(if not applicable, indicate N/A		
(if not applicable, indicate N/A		•
(if not applicable, indicate N/A		
(if not applicable, indicate N/A		
(if not applicable, indicate N/A		
(if not applicable, indicate N/A		
(if not applicable, indicate N/A		
(if not applicable, indicate N/A		•

The date of each amendment date this document was signed	t(s) adoption: 07/16/2014	, if other than the
Effective date if applicable:	07/20/2014	
<u></u>	(no more than 90 days after amendment file date)	_
Adoption of Amendment(s)	(CHECK ONE)	
	re adopted by the shareholders. The number of votes east for the amendment(s) ere sufficient for approval.	
	re approved by the shareholders through voting groups. The following statement ed for each voting group entitled to vote separately on the amendment(s):	
"The number of vote	s east for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/we action was not required.	re adopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/we action was not required.	re adopted by the incorporators without shareholder action and shareholder	
Dated_07/	16/2014	
Signature _	f for Home	
(1 se	By a director, president or other officer – if directors or officers have not been elected, by an incorporator – if in the hands of a receiver, trustee, or other court popointed fiduciary by that fiduciary)	_
	MARCUS HUGGINS	
	(Typed or printed name of person signing)	_
	PRESIDENT	
	(Title of person signing)	