P1300050959

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer.				

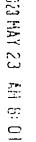
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COVER LETTER

TO: Amendment Section Division of Corporations

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

NAME OF CORPO	ORATION: STAR BARBER S	SHOP, INC	
DOCUMENT NUM	1BER: P13000050959		
The enclosed Article	es of Amendment and fee are su	bmitted for filing.	
Please return all corr	respondence concerning this ma	itter to the following:	
	DAYRON RAMON TORRE	es s	
		Name of Contact Person	
	STAR BARBER SHOP, INC		
	Firm/ Company		
	4311 WEST WATERS AVE	- STE. 201	
		Address	
TAMPA, FL 33614			
City/ State and Zip Code			
	DAYRONESTRELLA@GM	AIL.COM	တ 🖪
	E-mail address: (to be us	sed for future annual report notification)	TA ECL
For further informati	ion concerning this matter, pleas	se call:	2023 HAY 23 AN 8: 02 SECKETALLA OF STATE TALLAHAS JES, FL
CONCEPCION CA	STILLO	at (667 2073125	
Name	e of Contact Person	Area Code & Daytime Telephone Number	
Enclosed is a check	for the following amount made	payable to the Florida Department of State:	02 ATE
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & S52.50 Filing Fee Certified Copy Certificate of Status (Additional copy is enclosed) (Additional Copy is enclosed)	
	ailing Address nendment Section	Street Address Amendment Section	

Division of Corporations

Tallahassee, FL 32303

The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Articles of Amendment to Articles of Incorporation of

(<u>Name</u>	of Corporation as currently f	iled with the Florida Dept. of State)	
	(Document Number of C	orporation (if known)	
Pursuant to the provisions of section 607 its Articles of Incorporation:	1006, Florida Statutes, this Flo	orida Profit Corporation adopts the following	ing amendment(s) to
A. If amending name, enter the new n	ame of the corporation:		
•			The new
	Corp," "Inc," or "Co". A p	npany, "or "incorporated" or the abbreviat rofessional corporation name must conto	tion "Corp.,"
B. Enter new principal office address, (Principal office address MUST BE A S			
C. Enter new mailing address, if appl (Mailing address MAY BE A POST	<u>icable:</u> <u>OFFICE BOX</u>) -		SECRITATION OF THE PROPERTY OF
D. If amending the registered agent an new registered agent and/or the new		s in Florida, enter the name of the	23 MI
Name of New Registered Agent	CONCEPCION CASTILLO		# 87 R - P.A.
	6501 LOS ALTOS WAY		E
	(Florida street	address)	—
New Registered Office Address:	TAMPA	, Florida 33634	
	(C)	ty) Zip	Code)
New Registered Agent's Signature, if c I hereby accept the appointment as regist		n and accept the obligations of the position	

Signature of New Registered Agent, if changing

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)

Example:

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 Doc	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	P	DAYRON RAMON TORRES	7024 DANEWOOD CT
Add			TAMPA, FL 33615
X Remove	P	CONCEPCION CASTILLO	6501 LOS ALTOS WAY
2) Change X Add			TAMPA, FL 33634
Remove 3) Change			
Add			
Remove 4) Change			SECKE TALL
Add			## 23
Remove 5) Change		<u> </u>	AH HA
Add			6: 02 STATE
Remove			
6) Change Add		<u> </u>	
Remove			

attach additional sheets, if necessary). (Be specific)		
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f an amendment provides for an exchange, reclassification, or cancellation of issued shares,	$\tilde{\mathbf{x}}$	71
provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)	TALL	153
	문문 문문	2023 HAY
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The date of each amendment(s) adop late this document was signed.	ion:	, if other than the
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
	(no more than 90 days after amenament fite date)	
Note: If the date inserted in this block document's effective date on the Depar	does not meet the applicable statutory filing requirements, t ment of State's records.	this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/were adopted action was not required.	by the incorporators, or board of directors without sharehold	er action and shareholder
☐ The amendment(s) was/were adopted by the shareholders was/were suffice	I by the shareholders. The number of votes cast for the amendent for approval.	lment(s)
	ed by the shareholders through voting groups. The following sh 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	,"	
Dated (15//	(voting group)	
Signature X		
(By a direct scleeted, by	or, president or other officer – if directors or officers have not an incorporator – if in the hands of a receiver, trustee, or othe iduciary by that fiduciary)	
	YRON RAMON TORRES	SECRETALLAR
_	(Typed or printed name of person signing)	7 × 11
PR	ESIDENT	SE S
	(Title of person signing)	STATE