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SECRETARY OF STATE

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: New L	ook Burbe	or Shop CORP.
DOCUMENT NUMB	er: <u>P13000</u> 0	063956	
The enclosed Articles o	f Amendment and fee are su	bmitted for filing.	
Please return all corresp	ondence concerning this ma	itter to the following:	
-	New Local Hornsofra	Name of Contact Person Name of Contact Person K Bar ha Firm/ Company Mowley K Address City/ State and Zip Cod	OK. Shop CURP OK. KIDA 33U3U
-	E-mail address: (to be us	sed for future annual report	iL. Com notification)
For further information	concerning this matter, plea-	se call:	
Some of Name of	PORO Sapon Contact Person	Menchul 40 Area Co	7) 770 - 4342 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	☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Maili	na Addense	S44	A distriction

<u>Mailing Address</u>

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

Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Articles of Amendment

to

Articles of Incorporation

of

new LOOK Barber	shop CORP.
(Name of Corporation as currently	y filed with the Florida Dept. of State)
P. 13.000063956	<u>. </u>
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, this a its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
<u> </u>	The new
name must he distinguishable and contain the word "corporation," "c "Inc." or Co.," or the designation "Corp." "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P,A,"	company," or "incorporated" or the abbreviation "Corp.," professional corporation name must contain the word
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	Same
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>)	Same
D. If amending the registered agent and/or registered office address: Name of New Registered Agent Agent	Peper Sapon Menchu
New Registered Office Address: Home tec	A FLORIDATION (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w	with and accept the obligations of the position.
Signature of New Re	rgistered Agent, if changing

Check if applicable

 \Box 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 officex/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	<u>Doe</u>	
X Remove	<u>V</u> <u>Mike</u>	<u>Jones</u>	
X Add	<u>SV</u> <u>Sally</u>	Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) Change	Pres	Demesio P. Sapon M	enchu 19233 Sw 382nd To
X Add			Honostad, Fl. 33034
Remove 2) Change Add	pres	Ashley A LAING	124 W. Moving Dr Herestrad Horida 3
	VP/DIR	Aurora Aramandi Franco	Honefrad D. 330s
Remove 4) Change Add			
Remove Change Add			
Remove 6) Change		*··	
Add Remove			

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ı amendment prov	vides for an exchange,	, reclassification, o	or cancellation of	issued shares.	
visions for implen -tifnot applicable,	nenting the amendme	nt if not contained	d in the amendme	nt itself:	
,	-				
- 10				-1	 -
m/A					
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Signature _

(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

(Typed or printed name of person signing

(Title of person signing)