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JUL TO 2015
R. WHITE

COVER LETTER

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TO: Amendment Section
Division of Corporations

NAME OF CO	PRPORATION: LA ZONA	BARBERSHOP CORP	
DOCUMENT	P14000006203		
The enclosed A	rticles of Amendment and fee	e are submitted for filing.	
Please return al	l correspondence concerning	this matter to the following:	
	Steve Orellana		
	-	Name of Contact Perso	n
	LA ZONA BARBER	SHOP CORP	
		Firm/ Company	
	1898 W Flagler Street	t	
	·	Address	····
	Miami FL 33135		
		City/ State and Zip Cod	e
	orellana.s@live.com		
		to be used for future annual report	notification)
	`	,	,
For further info	rmation concerning this matte	er, please call:	
Steve Orellana		at (786	285-2741
	Name of Contact Person		de & Daytime Telephone Number
Enclosed is a ch	neck for the following amount	t made payable to the Florida Dep	artment of State:
\$35 Filing	Fee		□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
	Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Ameno Divisio Cliftor 2661 E	Address Iment Section on of Corporations Building Executive Center Circle assee, FL 32301

Articles of Amendment to Articles of Incorporation

15 JUL -9 PH 1:15 SECRETARY SERVICE TALEANASSEE, FLORIDA

LA ZONA BARBER SHOP CORP.

(Name of Corporati	ion as currently filed with the Florida Dept. of State)
P14000006203	
(Docum	nent Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Floridate Articles of Incorporation:	a Statutes, this Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the co	orporation:
	The new corporation," "company," or "incorporated" or the abbreviation on," "Inc," or "Co". A professional corporation name must contain the abbreviation "P.A."
3. Enter new principal office address, if applicable Principal office address MUST BE A STREET ADD	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u></u>
new registered agent and/or the new registered	red office address in Florida, enter the name of the of fice address;
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Regin hereby accept the appointment as registered agent.	<u>zistered Agent:</u> I am familiar with and accept the obligations of the position.
Sign	nature of New 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.

<u>X.Change</u>	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	P	ORTEGA, DAISY G	1898 WEST FLAGLER STREET
Add			Miami FL 33135
x Remove			
2) Change	VP	Deras, Manuel	1898 WEST FLAGLER STREET
Add			Miami FL 33135
x Remove			
3) Change	<u>P</u>	Orellana, Steve	1898 WEST FLAGLER STREET
x Add			Miami FL 33135
Remove			
4) Change	VP	Banegas, Carlos	1898 WEST FLAGLER STREET
x Add			Miami FL 33135
Remove			
5) Change			
Add			
Remove			
6) Change		_	
Add			
Remove			

E. If amending or adding additional Art (Attach additional sheets, if necessary).	ticles, enter change(s) here: (Be specific)	
· · · · · · · · · · · · · · · · · · ·		
		<u> </u>
F. If an amendment provides for an excl	hange, reclassification, or cancellation of issued shares,	
provisions for implementing the ame (if not applicable, indicate N/A)	endment if not contained in the amendment itself:	•
(g ···· · · · · · · · · · · · · · · · ·		

	07/01/2015	
The date of each amendment(s) adoption: date this document was signed.		, if other than the
07/01/2015		
Effective date if applicable:	(no more than 90 days after amendment file date)	
	(no more than 20 days after amenament file date)	
Note: If the date inserted in this block document's effective date on the Departmen	es not meet the applicable statutory filing requirements, this date will r t of State's records.	ot be listed as the
Adoption of Amendment(s) ((CHECK ONE)	
The amendment(s) was/were adopted by by the shareholders was/were sufficient to	the shareholders. The number of votes cast for the amendment(s) for approval.	
	y the shareholders through voting groups. The following statement ting group entitled to vote separately on the amendment(s):	
	mendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were adopted by action was not required.	the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were adopted by action was not required.	the incorporators without shareholder action and shareholder	} 't' '
07/01/2015		
Dated		
Signature Signature	#/##\ \	i .
(By a director,)	resident or other officer – if directors or officers have not been	_
	ihcorporator – if in the hands of a receiver, trustee, or other court clary by that fiduciary)	
Daisy C	Ortega	
•	(Typed or printed name of person signing)	
Preside	nt	
•	(Title of person signing)	