P15 0000 12849

(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
	usiness Entity Name	3
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Certified Copies	Certificates o	of Status
		
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		COVER LETTER	
TO: Amendment Sec Division of Corp		•	-
, NAME OF CORPO	RATION: PACO'S BARBER	SHOP, CORP	
DOCUMENT NUM	BER: P15000012849		
	of Amendment and fee are sub	omitted for filing.	
Please return all corre	espondence concerning this mat	ter to the following:	
	BORIS E ABREU		
	•	Name of Contact Perso	n
	PACO'S BARBER SHOP CO	PRP	
		Firm/ Company	
	308 SW 12th AVE.		
		Address	
	MIAMI, FL. 33130		
		City/ State and Zip Cod	le
	borikichan@yahoo.es		
•	E-mail address: (to be us	ed for future annual repor	t notification)
For further information	on concerning this matter, pleas	se call:	
BORIS E ABREU		786 at (378-9007
Name	of Contact Person	Area Co	ode & Daytime Telephone Number
Enclosed is a check f	or the following amount made	payable to the Florida Dep	partment of State:
□ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Centified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
An Div P.C	niling Address nendment Section vision of Corporations D. Box 6327 llahassee, FL 32314	Amen Divisi The C 2415	Address dment Section on of Corporations Centre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303

Articles of Amendment to Articles of Incorporation of

PACO'S BARBER SHOP CORP

(Name of Corneration as aurrenth	filed with the Florida Dept. of State)	
P15000012849	med with the riorida Dept. of State)	
(Document Number of	Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	Florida Profit Corporation adopts the following	g amendment(s) to
A. If amending name, enter the new name of the corporation:		
BORIS KINGDOM BARBER SHOP, CORP		The new
name must be distinguishable and contain the word "corporation," "co". Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."	ompany," or "incorporated" or the abbreviation professional corporation name must contain	_ on "Corp.,"
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		1 - 1 1 1 1 1 1 1 1 1
D. If amending the registered agent and/or registered office address:	i. 2.	PH 90
Name of New Registered Agent		-
(Florida stre	vet address)	-
New Registered Office Address:	(City) Florida (Zip 6	Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w	rith and accept the obligations of the position.	_
Signature of New Re	egistered Agent, if changing	_
Check if unnlicable		

☐ 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 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 Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			<u> </u>
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	ets, if necessary).	(Be specific)			
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f an amendment pro provisions for imple	ovides for an exch	<u>iange, reciassificat</u>	ton, or cancellation	<u>n or issued snares,</u> idment itself:	
(if not applicable	e, indicate N/A)	mament is not con	tanta m the mine.		
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	10/19/2020	
The date of each amendment(s)	adoption:	, if other than the
date this document was signed.		
	0/19/2020	
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file do	ate)
Note: If the date inserted in thi document's effective date on the	s block does not meet the applicable statutory filing requirem Department of State's records.	nents, this date will not be listed as t
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were action was not required.	adopted by the incorporators, or board of directors without share	reholder action and shareholder
☐ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the sufficient for approval.	amendment(s)
	approved by the shareholders through voting groups. The follo for each voting group entitled to vote separately on the amenda	
"The number of votes c	ast for the amendment(s) was/were sufficient for approval	
by		
, oy	(voting group)	
10/19/20	020	
Dated		
Signature		
(By sele	a director, president or other officer – if directors or officers hacted, by an incorporator – if in the hands of a receiver, trustee, binted fiduciary by that fiduciary)	
	BORIS E.ABREU	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	