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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: IN THE CUT W&	K BARBERSHOP CORP.	
DOCUMENT NUMB			
	f Amendment and fee are su	ibmitted for filing.	
Please return all corresp	ondence concerning this ma	tter to the following:	
,	WILLIAM SENQUIZ		
-		Name of Contact Persor	1
1	N THE CUT W&K BARBI	ERSHOP CORP.	
_		Firm/ Company	
:	3515 BELL SHOALS RD		
-	Address		
•	VALRICO, FL 33596		
_		City/ State and Zip Code	2
wsenq	uiz@yahoo.com or javiso98	@gmail.com	
	E-mail address: (to be u	sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
Cris John Aviso		at (813	579-7195 de & Daytime Telephone Number
Name of	Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:
□ \$35 Filing Fee	\$43.75 Filing Fee & Certificate 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)
Amer Divise P.O. 1	ng Address dment Section on of Corporations Box 6327 nassee, FL 32314	Amend Divisio Clifton	Address ment Section n of Corporations Building xecutive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

IN THE CUT W&K BARBERSHOP CORP

A A A C	
· · · · · · · · · · · · · · · · · · ·	n as currently filed with the Florida Dept, of State)
P15000049553	
(Docume	ent Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida State Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following amendment(s
a. If amending name, enter the new name of the corp	poration:
	The new
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp," word "chartered," "professional association," or the al	"corporation," "company," or "incorporated" or the abbreviation "Inc," or "Co". A professional corporation name must contain the bbreviation "P.A."
Enter war principal office address if applicables	N/A
 Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDR</u> 	
C. Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX	N/A
	
 If amending the registered agent and/or registere new registered agent and/or the new registered of 	
Name of New Registered Agent N/A	
Nume of New Registered Agem	
	(Florida street address)
	Tronta street dadressy
New Registered Office Address:	, Florida
	(City) (Zip Code)
	<u> </u>
New Degistered Agent's Signature if shanging Degis	Stered Agents
New Registered Agent's Signature, if changing Regis [hereby accept the appointment as registered agent.]	am familiar with and accept the obligations of the position.
, .	Ho − m
Signat	ture 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:

 $P = President; \ V = Vice \ President; \ T = Treasurer; \ S = Secretary; \ D = Director; \ TR = Trustee; \ C = Chairman or Clerk; \ CEO = Chief Executive Officer; \ CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be <math>PTD$.

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	v	CRIS JOHN S. AVISO	4978 WHITE SANDERLING CT.
X Add			TAMPA, FL 33619
Remove			
2) X Change	Т	KARELIA L. MARTINEZ	13813 Gentle Woods Ave.
Add			Riverview, FI 33569
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
0 01			
6) Change			
Add			
Remove			

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

The date of each amendment(s) adoption:	, if other than the
date this document was signed. June 12, 2015	
Effective date if applicable:	
(no more than 90 days after amendment file da	te)
Note: If the date inserted in this block does not meet the applicable statutory filing requiremed document's effective date on the Department of State's records.	ents, this date will not be listed as the
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the aby the shareholders was/were sufficient for approval.	mendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The follow must be separately provided for each voting group entitled to vote separately on the amendment.	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by"	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and action was not required.	i shareholder
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	reholder
Dated June 18, 2015 Signature Mill Sm	
Signature Will Sm	
(By a director, president of other officer - if directors or officers have	re not been
selected, by an incorporator – if in the hands of a receiver, trustee, o appointed fiduciary by that fiduciary)	r other court
., , , , , , , , , , , , , , , , , , ,	
WILLIAM SENQUIZ	
(Typed or printed name of person signing)	
PRESIDENT WILL Sum	
(Title of person signing)	-