Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H16000245441 3)))



H160002454413ABC.

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019

Phone : (305)552-5973

Fax Number

; (305)675-5944

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

| Email: | LAda | dnac | • • |
|--------|------|------|-----|

COR AMND/RESTATE/CORRECT OR O/D RESIGN FRESH PARRAS BARBER SHOP, CORP

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 05 |
| Estimated Charge | \$35.00 |

Electronic Filing Menu

Corporate Filing Menu

Help

2316



Oct 03 2016 11:23PM Fax HP

H16000245441

Articles of Amendment to Articles of Incorporation of

| FRESH PARRAS BARBER SHOP, COR | P | _ | |
|----------------------------------------------------------------------------------------------------------------------------|-------------------------------|---------------------------------------|---------------------------|
| (Name o | Corngration as currently | filed with the Florida Dept. of Stat | <u>\$</u>) |
| P15000051532 | | | |
| | (Document Number of | Corporation (if known) | |
| Pursuant to the provisions of section 607, its Articles of Incorporation: | 006, Florida Statutes, this J | Torida Profit Corporation adopts the | following amendment(s) to |
| A. If amending name, enter the new na | ma of the corporation: | · | The new |
| name must be distinguishable and cord "Corp." "Inc.," or Co.," or the design word "chartered," "professional associa | ition "Corp." "Inc." or "C | co". A professional corporation na. | or the abbreviation |
| B. Enter new principal office address. (Principal office address MUST BE A S | | | |
| · | | | |
| C. Enter new mailing address, if appli (Moiling address MAY BE A POST) | | | |
| | | | |
| | | | |
| D. If smending the registered agent an | diar registered office edds | see in Finnida onter the name of the | |
| new registered spent and/or the new | | | 5 |
| Name of New Registered Agent | ANA LAURA GONZALE | z | |
| | 70 W 49 ST | | · . |
| | (Florida str | et address) | |
| New Registered Office Address; | HIALEAH | Florida | 33012 |
| WENT DEFINITION FOR SALLINE STATE OF | | (Ciry) | (Zip Code) |
| | • | | ·· ‡ |
| Now Registered Agent's Signature, if c | nanging Registered Agent: | | 100 |
| I haveby accept the appointment as regist | ered agent. I am familiar v | ith and accept the obligations of the | position Co |
| | A | | |
| | Signature of New R | egistered Agent, if changing | D . |
| | | | |
| • | • | , m * | · ' " |

Page 1 of 4

Oct 03 2016 11:23PM Fax HP

45

3052201440

LAZARUS pag. J

PAGE 03/05

H.16000245441

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 shorts, if necessary)

Please note the officer/director fittle 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 Y. There is a change, Mike Jones leaves the corporation, Salty Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, Y as Remove, and Sally Smith, SV as an Add. Example:

| X_Cnange | FT | John Dae | |
|-------------------------------|------------------------|--------------------|---------------------------------------|
| X Remove | ¥ | Mike Jones | |
| X Add | <u>\$Y</u> | Sally Smith | |
| Type of Action (Check One) | Title | Name . | Address |
| 1) Change | P | ARQUIMEDES GALARDY | 70 W 49 ST |
| Add- | | | HIALEAH FL 33012 |
| X Remove | | | |
| 2) Change | P | ANA LAURA GONZALEZ | 70 W 49 ST |
| XAdd | | | HIALEAH FL 33012 |
| Remove | | | |
| 3) Change | | <u> </u> | |
| Add | | | |
| Remove | | | |
| 4)Change | ,,,,, ,,,,, | | |
| Add | | | |
| Remove | | | ***** |
| 5)Change | | | |
| Add | | | |
| Remove | | | |
| | | | |
| 6)Change | | | · · · · · · · · · · · · · · · · · · · |
| Add | | | |
| Remove | | | |
| | | | |

Page 2 of 4

| | • | HI | 60002 | 404 |
|------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|-----------------------------------|-------------|-----|
| nending or adding additional Articles, enter change(s) oh additional sheets, if necessary). (Re specific) | here: | | | • |
| | | | | |
| | | | | |
| · · · · · · · · · · · · · · · · · · · | | | | |
| · · · · · · · · · · · · · · · · · · · | | | | _ |
| | | | | |
| | | | | |
| | | | | _ |
| · | | | <u> </u> | |
| | ·· | | | |
| | | | | |
| | | | | |
| | | | | |
| | _ | | , | |
| | | | | |
| | | | <u></u> , | |
| | | | | |
| | | | | |
| s amendment provides for an exchange, recisesification | n, or encellation | of issued shares, nont itself: | | |
| wisions for implementing the amendment if not contain | | , | | |
| orisions for implementing the emendment if not contain (if not applicable, indicate N/A) | | | | |
| orisions for implementing the amendment if not contain (if not applicable, indicate N/A) | | | | |
| n amendment provides for an exchange, recisseffication visions for implementing the amendment if not costain (if not applicable, indicate N/A) | | | | |
| orisions for implementing the amendment if not contain (if not applicable, indicate N/A) | | | | |
| ovisions for implementing the amendment if not contain (if not applicable, indicate N/A) | | | | |
| | | | | |
| | | | | |

Page 3 of 4

Oct 03 2016 11:23PM Fax HP

LAZARUS pàg. 5

PAGE 05/05

H16000245441

| | 10/03/2016 | |
|--------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|
| The date of each amendment(s date this document was signed. |) adaption: | , if other than th |
| | 0/03/2016 | |
| Effective date if applicable: | (no more than 90 days afte | er amendrsoni file date) |
| Note: If the date inserted in the document's effective date on the | | tory filing requirements, this date will not be listed as th |
| Adoption of Amendment(s) | (CHECK ONE) | |
| The amendment(s) was/were by the shareholders was/wer | adopted by the shareholders. The number of sufficient for approval. | of votes cast for the amendment(s) |
| | approved by the shareholders through votin for each voting group ensitled to vote separ | |
| "The number of votes | east for the amendment(s) was/were sufficien | nt for approval |
| by | | |
| , | (voting group) | |
| The amandment(s) was/were action was not required. | adopted by the board of directors without s | harsholder action and shareholder |
| The amendment(s) was/were action was not required. | adopted by the incorporators without share | holder action and shareholder |
| 10/03/ | 2016 | |
| Dated | | • |
| a | The state of the s | |
| Signature | a director, president or other officer - If dir | rodges or officers have not here |
| | ected, by an incorporator — if in the hands of | |
| | cointed fiduciary by that fiduciary) | |
| | ARQUIMEDES GALARDY | |
| | (Typed or printed name of p | erson signing) |
| | PRESIDENT | |
| ; | (Title of names | simian |

Page 4 of 4