P16000001814

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2016 JAN 28 P 1: 09 SECRETARY OF STATE ALLAHASSEE, FLORIDA

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: ADONAL BAR	RBER SHOP INC							
DOCUMENT NUMBER: P16000001814								
The enclosed Articles of Amendment and fee are submitted for filing.								
Please return all correspondence concerning this matter to the following:								
Clifford Pierre								
	Name of Contact Person							
ADONAI BARBER SHO								
	Firm/ Company							
1134 NW 100 STREET								
	Address							
MIAMI, FL 33150								
	City/ State and Zip Code							
pclif39@yahoo.com								
	e used for future annual report notification)							
E-man address. (10 b	e used for future annual report notification;							
For further information concerning this matter, p	lease call:							
Clifford Pierre .	at (786) 608-3164							
Name of Contact Person	Area Code & Daytime Telephone Number							
Enclosed is a check for the following amount ma	ide payable to the Florida Department of State:							
\$35 Filing Fee Certificate of Status								
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301							

Articles of Amendment to Articles of Incorporation of

ADONAI BARBER SHOP INC

(Name of Corp	oration as currentl	y filed with the Florida De	pt. of State)	<u> </u>
P16000001814				
(I	Document Number of	Corporation (if known)		
tursuant to the provisions of section 607.1006, F is Articles of Incorporation:	Florida Statutes, this	Florida Profit Corporation	adopts the following ame	endment(s)
. If amending name, enter the new name of	the corporation:			
ADONAI BARBER/SALON SHOP INC			The	new
ame must be distinguishable and contain the Corp.," "Inc.," or Co.," or the designation ' ord "chartered," "professional association," o	'Corp," "Inc," or "	Co". A professional corpo	porated" or the abbrev	iation
The state of the s		N/A		
Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDRESS</u>)				
-	,		·	
				,
				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC	'F ROX)	N/A		
maning address MATT BEATTON OF THE	<u>2 0070</u>			
 If amending the registered agent and/or re new registered agent and/or the new registered. 	gistered office addr tered office address	ess in Florida, enter the na	me of the	
N/A		•		
Name of New Registered Agent			<u> </u>	
	(Florida str	eet address)		
New Registered Office Address:			. Florida	
		(City)	(Zip Code)	
				* 1
w Registered Agent's Signature, if changing	g Registered Agent:		#årr ¹	•
sereby accept the appointment as registered ag	gent. I am familiar w	ith and accept the obligatio	1 1	
1				t H
NIA			AND JAN	क्षत्रकार क हारुक्का
10/19	0' ' (N D			and the same of th
	Signature of New R	egistered Agent, if changing		11
				E de de la particion de la constanta de la con
			25 五	

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.

Example: X Change	<u>PT</u>	John Do	<u>e</u>	
X Remove	<u>v</u>	Mike Jo	nes	2
_X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) N/A Change	N/A		N/A	N/A
Add				
Remove				
2) Change		_		
Add				
Remove				
3) Change				
Add				-
Remove				
4) Change		_		
Add				
Remove				
5) Change				
Add		_		
Remove				
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

N/A	
The date of each amendment(s) adoption: date this document was signed.	_, if other than the
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will redocument's effective date on the Department of State's records.	not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	•
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by N/A	
by N/A (voling group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 1/20/2016 Signature X	
(By a director president or other officer – if directors or officers have not been elected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	•
Clifford Pierre	
(Typed or printed name of person signing)	
President	
(Title of person signing)	