

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	= #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	ne)
(Do	cument Number)	
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COVER LETTER

TO: Amendment Section

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

NAME OF CORPORA	ATION: Frige	BArber sh	op Inc.
DOCUMENT NUMBI	er:	60900242	δ
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.	
Please return all corresp	ondence concerning this ma	tter to the following:	
	Angels BA 117 East 6 Grovelmi	Name of Contact Person Firm/ Company Address City/ State and Zip Cod Seed for Inture annual report	<i>(</i>
For further information	concerning this matter, pleas	se call:	
Angel	Chuz	at (<u>467</u>	de & Daytime Telephone Number
Name of			
Enclosed is a check for	the following amount made	payable to the Florida Dep	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	ng Address Idment Section ion of Corporations	Ameno	Address Iment Section on of Corporations

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment

to

Articles of Incorporation

of

Track BArber shop In	<u>.</u>				
(Name of Corporation	as currently f	led with the Florid	a Dept. of State)		
PILOGOD JUDA					
(Documei	nt Number of C	orporation (if known	1)		
Pursuant to the provisions of section 607.1006. Florida S its Articles of Incorporation:	Statutes, this <i>Flo</i>	orida Profit Corpora	ution adopts the foll	lowing amendn	nent(s) ti
A. If amending name, enter the new name of the corp	poration:				
				The ne	ene.
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp." word "chartered," "professional association," or the ab	"Inc," or "Co	". A professional of	incorporated" or i corporation name i	he abbreviatio must contain th)11 he
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDR	e co			٠	
(Frincipal typice duaress prograde A STREET MODE	(<u>1233</u>)			## ~ *	<u>:</u>
				24 TO	; - T]
				- 1/2/2	3 ===
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	' 1			(A) (A) (B) (B) (B)	<u> </u>
(mailing dadress MAT BE A FOST OFFICE BOX)	,				<u> </u>
				<u> </u>	₹ Έ
					=
D. If amending the registered agent and/or registered new registered agent and/or the new registered of		s i <u>n Florida, enter t</u>	he name of the		
Name of New Registered Agent					
	(Florida street	address)	<u>.</u>		
New Registered Office Address:			, Florida		
	(Ci	(Ú.)	,	(Zip Code)	,
New Registered Agent's Signature, if changing Regist I hereby accept the appointment as registered agent. I describe the appointment as registered agent.		h and accept the obli	ivations of the posi	tion.	
The state of the s			g		
		<u> </u>			
Signat	ture of New Regi	istered Agent, if cha	nging		

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	PT John Doe	
X Remove	<u>V</u> <u>Mike Jones</u>	
<u>X</u> Add	SV Sally Smith	
Type of Action (Check One)	<u>Title</u> <u>Name</u>	Address
1) Change	UP Danny Kivera	11802 Highland Birt DR. Clarmort, 14, 347/1
Add Remove	Ţ	Clarmora, 14, 347/1
2) Change		
Add Remove		
3) Change		
Add		
Remove		
4) Change		
Remove		
5) Change		
Add Remove		
6) Change Add		
Remove		

Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
	
f an amendment provides for an exch	hange, reclassification, or cancellation of issued shares,
provisions for implementing the amer	endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

The date of each amendment(s) adoption:	, 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 dadocument's effective date on the Department of State's records.	ite will 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.	s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statements the separately provided for each voting group entitled to vote separately on the amendment(s):	ent
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholde action was not required.	er
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated	
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other courappointed fiduciary by that fiduciary)	
(Typed or printed name of person signing)	
(Typed or printed name of person signing)	
(Title of person signing)	<u> </u>
(Title of person signing)	

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