## P16000066218

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## COVER LETTER

Division of Corporations NAME OF CORPORATION: HOLDER CORP DOCUMENT NUMBER: \_ P 16,000 66 218 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Cabriel Gonzalez - Vega Name of Contact Person Charlotte Address Wobilebarbershop & Qual Com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Name of Contact Person at (41) 636-5637

Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee ☐\$52.50 Filing Fee ■\$43.75 Filing Fee & **□\$43.75** Filing Fee & Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy (Additional Copy enclosed) is enclosed) Street Address **Mailing Address** Amendment Section Amendment Section Division of Corporations Division of Corporations The Centre of Tallahassee P.O. Box 6327 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32314 Tallahassee, FL 32303

AMENIMENT SECTION
DIVISION OF CORPORATIONS
2415 N. MUNTOR Street, Suite 810
Fallalussee, Fl. 32303

TO: Amendment Section

## Articles of Amendment to Articles of Incorporation of

FILED

Heidar Cor	Y filed with the Florida Dept. of State)
(Name of Corporation as currently	y filed with the Florida Dept. of State)
P16000066218	SECRETARY CY STATE  F Corporation (if known)
(Document Number of	f Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	
A. If amending name, enter the new name of the corporation:	
$\mathcal{N} / \Delta$	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."	professional corporation name must contain the word
B. Enter new principal office address, if applicable:	N/A
(Principal office uddress <u>MUST BE A STREET ADDRESS</u> )	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  D. If amending the registered agent and/or registered office address:  Name of New Registered Agent	<u>:</u>
Name of New Registered Agent N / R	
(Florida stre	eet address)
	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w	<u>:</u> with and accept the obligations of the position.
Signature of New Re	egistered Agent, if changing
Signature ty New Ne	cgillor an rigorii, y orininging

Check if applicable

☐ 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, President, Treasurer, President, Presid

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	$\underline{v}$	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change		Kyrie McCalmont	550 Hoffer St. Port awardite
X_ Add			Fraider 33953
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

ttach additional sheets, if necessary)	rticles, enter change(s) here: ). (Be specific)
N/A	
/	
	and the state of t
	······
<u>an amendment provides for an ex</u>	change, reclassification, or cancellation of issued shares,
rovisions for implementing the an	mendment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
N!/A	
17/ PA	

The date of each amendment(s) adoption:	March -15-2021	, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does to document's effective date on the Department of	not meet the applicable statutory filing requirements f State's records.	, this date will not be listed as the
Adoption of Amendment(s) (CI	HECK ONE)	
☐ The amendment(s) was/were adopted by the action was not required.	e incorporators, or board of directors without sharehol	der action and shareholder
☐ The amendment(s) was/were adopted by the by the shareholders was/were sufficient for	e shareholders. The number of votes cast for the amer approval.	ndment(s)
☐ The amendment(s) was/were approved by the must be separately provided for each voting	he shareholders through voting groups. The following group entitled to vote separately on the amendment	statement (s):
"The number of votes cast for the ame	endment(s) was/were sufficient for approval	
by	ting group)	
(vo	ting group)	
Dated 12-6-21		
Signature	sident or other officer – if directors or officers have no	ar bassa
selected, by an inc	corporator—if in the hands of a receiver, trustee, or of by by that fiduciary)	
(	(Typed or printed name of person signing)	
	Resident (Title of person signing)	
	(Title of person signing)	