

(Re	questor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to Filing Officer:		





400294003514

01/30/17--01014--026 **\$5.00

And

FEB 02 2017 R. WHITE



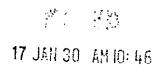
COVER LETTER

TO: Amendment Section **Division of Corporations**

NAME OF CORPORATION: AKA SCISSOR, IN	NC.	
DOCUMENT NUMBER: P17000005157		
The enclosed Articles of Amendment and fee are sul	bmitted for filing.	
Please return all correspondence concerning this mat	ter to the following:	
ANGELA S. ALI		
	Name of Contact Persor	1
AKA SCISSOR, INC.		
	Firm/ Company	
14286-19 BEACH BLVD, SU	JITE 223	
	Address	
JACKSONVILLE BEACH, I	FLORIDA 32250	
Medican control of the second section of the second section of the	City/ State and Zip Code	9
angelaali3006@gmail.com		
	ed for future annual report	notification)
For further information concerning this matter, pleas	e call:	
ANGELA S. ALI	at (405-5007
Name of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for the following amount made p	payable to the Florida Depa	urtment of State:
\$35 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)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Amend Divisio Clifton	Address Iment Section on of Corporations Building xecutive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



AKA SCISSOR, INC.	· · · · · · · · · · · · · · · · · · ·
(Name of Corporation as c	urrently filed with the Florida Dept. of State)
P17000005157	
(Document Nu	umber of Corporation (if known)
·	• , ,
Pursuant to the provisions of section 607.1006, Florida Statutits Articles of Incorporation:	es, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporat	ion:
	The new
	poration," "company," or "incorporated" or the abbreviation ," or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)
	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered offi new registered agent and/or the new registered office a	
Name of New Registered Agent	
	orida street address)
New Registered Office Address:	. Florida
The stage of the s	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fa	
тогоод ассертны арронинени из геділегей идені. Тит ји	annua ann unu uccepi inc congunens of the position.
Signature o	f 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 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	Y	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	<u>v</u>	KARIM N. ALI	12799 GLADE SPRINGS DR, S
Add			JACKSONVILLE
X Remove			FLORIDA 32246
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change	•		
Add			****
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

C. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)		
,		
**·*		
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)		
		
	·	

late this document was signed.	
1/ Effective date <u>if applicable</u> :	27/2017
mecuve date <u>n applicable</u> :	(no more than 90 days after amendment file date)
Note: If the date inserted in this locument's effective date on the l	block does not meet the applicable statutory filing requirements, this date will not be listed as a Department of State's records.
adoption of Amendment(s)	(<u>CHECK ONE</u>)
The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.
	pproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):
"The number of votes ca	st for the amendment(s) was/were sufficient for approval
by	" "
	(voting group)
The amendment(s) was/were a action was not required.	dopted by the board of directors without shareholder action and shareholder
The amendment(s) was/were a action was not required.	dopted by the incorporators without shareholder action and shareholder
1/27/201 Dated	7
Signature	Engelow S. alli
	director, president or other officer – if directors or officers have not been ted, by an incorporator – if in the hands of a receiver, trustee, or other court
	inted fiduciary by that fiduciary)
	ANGELA S. ALI
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)