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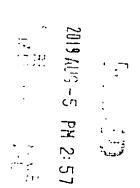
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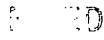
COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION	: <u>JM BARBER SH</u>	OP.INC			
DOCUMENT NUMBER:	P18000008172	·- <u></u>			
The enclosed Articles of Amen	dment and fee are su	ibmitted for fili	າຍູ.		
Please return all correspondenc	e concerning this ma	tter to the follo	wing:		
ADDIEI	L CABALLERO				
		Name of Co	ntact Person	1	
	<u> </u>	Firm/ C	ompany		
	10324 W F	LAGLER STR			
	Address MIAMI, FL 33174				
	-	City/ State a	nd Zip Code	2	
	CABALLEROAI	DDIEL@YAHO	оо.сом		
E-m	ail address: (to be us	sed for future ar	inual report	notification)	
For further information concern	ing this matter, pleas	se call:			
ADDIEL CABALLERO		at (786	365-6513	
Name of Contac	t Person		Area Co	de & Daytime Telephone Number	
Enclosed is a check for the follo	owing amount made	payable to the F	Torida Depa	rtment of State:	
	3.75 Filing Fee & ertificate of Status	□\$43.75 Fil Certified C (Additional enclosed)	opy	☐\$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		Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle			

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



JM BARBER SHOP, INC (Name of Corporation as currently filed with the Florida Dept. of State) P18000008172 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: N/A name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." N/A B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: N/A (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: ADDIEL CABALLERO Name of New Registered Agent 10324 W FLAGLER STREET (Florida street address) MIAMI New Registered Office Address: (City) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of 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.

Example: X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	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	P	ADDIEL CABALLERO	10324 W FLAGLER STREET
X Add			MIAMI, FLORIDA 33174
Remove			
2) Change	VP	FELVIN PEREZ DE CORCHO	10324 W FLAGLER STREET
X Add			MIAMI, FLORIDA 33174
Remove	V	IDALMIS MEDEROS	8980 W FLAGLER ST APT 212
3) Change			MIAMI, FL 33174
X Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	ch additional sheets, if necessary). (Be specific)
/A	
If an	amendment provides for an exchange, reclassification, or cancellation of issued shares.
pro	visions for implementing the amendment if not contained in the amendment itself:
	(if not applicable, indicate N/A)
/A	

	doption:	, if other than the
date this document was signed.	23/2019	
Effective date <u>if applicable</u> :	372019	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bedocument's effective date on the De	block does not meet the applicable statutory filing requirements, this department of State's records.	ate will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment ifficient for approval.	(s)
	proved by the shareholders through voting groups. The following statem each voting group entitled to vote separately on the amendment(s):	ient
"The number of votes cost	forthe amendment(s) was/were sufficient for approval	
<u> </u>	(voting group)	
☐ The amendment(s) was/were add action was not required.	ppted by the board of directors without shareholder action and sharehold	ler
☐ The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and shareholder	
DatedSignature	23/20	
	lirector president or other officer - if directors or officers have not been	
	d, by an incorporator – if in the hands of a receiver, trustee, or other cou	
	ted fiduciary by that fiduciary)	
	IDALMIS MEDEROS	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	