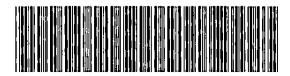
P190000 21747

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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPO	RATION: MAHANAIN BEA	UTY SALON INC	
	IBER: P19000021747	····	
The enclosed Article	s of Amendment and fee are sul	omitted for filing.	
Please return all corr	espondence concerning this mat	tter to the following:	
	FIDELINA GARCIA		
		Name of Contact Persor	3
		Firm/ Company	
	163 SW 6TH STREET		
		Address	
	POMPANO BEACH FL 3300	50	
		City/ State and Zip Code	C
	E-mail address: (to be us	ed for future annual report	notification)
For further informati	on concerning this matter, pleas	e call:	
FIDELINA		at (954-462-2457 de & Daytime Telephone Number
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check f	for the following amount made p	payable to the Florida Depa	artment of State:
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
An Di	niling Address nendment Section vision of Corporations D. Box 6327	Amend Divisio	Address iment Section on of Corporations entre of Tallahassee

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

MAHANAIN REALITY SALON INC

MARANAIN DEAUTT SALON INC		 		
(<u>Name of Cor</u>	poration as curren	tly filed with the Florida D	ept. of State)	
P19000021747				
	Document Number	of Corporation (if known)		
Pursuant to the provisions of section 607.1006, its Articles of Incorporation:	Florida Statutes, this	s Florida Profit Corporation	n adopts the followi	ng amendment(s) to
A. If amending name, enter the new name of MAHANAIM BARBERSHOP INC	f the corporation:			
				_The new
name must be distinguishable and contain the w "Inc.," or Co.," or the designation "Corp." "chartered," "professional association," or the	"Inc," or "Co".	A professional corporation		
B. Enter new principal office address, if app		N/A		
(Principal office address <u>MUST BE A STREE</u>	T ADDRESS)			202
				
C. Enter new mailing address, if applicable		N/A		2
(Mailing address <u>MAY BE A POST OFFI</u>	CE BOX)			
				12
				ဟ
		·		
 If amending the registered agent and/or in new registered agent and/or the new registered. 			name of the	
N/A	Stered Strice Radio.			
Name of New Registered Agent				<u>-</u>
				_
•••	(Florida s	treet address)		
New Registered Office Address: N/A	· <u> </u>		, Florida	<u> </u>
		(City)	(Zip	Code)
New Registered Agent's Signature, if changi	na Douistored Accor			
I hereby accept the appointment as registered a			ions of the position.	
		-		
	a ar			
	Signature of New	Registered Agent, if changin	1g	
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, 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 D	<u>oe</u>	
X Remove	V Mike Jo	<u>ones</u>	
X Add	SV Sally S	<u>mith</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change			
Add			- <u>-</u>
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

(Attach additional sheets, if necessary). AMENDING NEW NAME TO:	icles, enter change(s) here: (Be specific)
MAHANAIM BARBERSHOP INC	
	
· · · · · · · · · · · · · · · · · · ·	
. If an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:

•

The date of each amendment(s)	JUNE 17, 2020 adoption:	, if other than th
date this document was signed.	•	
JU Effective date <u>if applicable</u> :	JNE 17, 2020	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in thi document's effective date on the	s block does not meet the applicable statutory filing requirements, this date Department of State's records.	will not be listed as th
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were action was not required.	adopted by the incorporators, or board of directors without shareholder action	and shareholder
☐ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	
"The number of votes ca	ast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
JUNE 1° Dated	7, 2020	
Signature X	Manufairi	
sele	a director, president or other officer – if directors or officers have not been eted, by an incorporator – if in the hands of a receiver, trustee, or other court binted fiduciary by that fiduciary)	
	FIDELINA GARCIA TORRES	
	(Typed or printed name of person signing)	
	VICE-PRESIDENT	
	(Title of person signing)	