P190000 36984

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: HAIRCUT FOR	YOU INC			
DOCUMENT NUMBER: P19000036984					
The enclosed Articles of Amendment and fee are submitted for filing.					
Please return all corres	pondence concerning this ma	tter to the following:			
	MERCEDES NAVARRETE				
	Name of Contact Person				
	HAIRCUT FOR YOU INC				
	Firm/ Company				
	17268 LEE ROAD				
•	Address				
	FORT MYERS, FL 33967				
•		City/ State and Zip Code	e		
	PILARICA37@GMAIL.COM				
	E-mail address: (to be us	ed for future annual report	notification)		
For further information	concerning this matter, pleas	se call:			
MERCEDES NAVAR	RETE	at () 601-3202		
Name o	f Contact Person		de & Daytime Telephone Number		
Enclosed is a check for the following amount made payable to the Florida Department of State:					
\$35 Filing Fee	S43.75 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)		
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Divisio The Co 2415 N	Address Iment Section on of Corporations entre of Tallahassee V. Monroe Street, Suite 810 ussee, FL 32303		

Articles of Amendment to Articles of Incorporation of

HAIRCUT FOR YOU INC			
(<u>Name</u>	of Corporation as currently filed with	the Florida Dept. of State)	
P19000036984			
	(Document Number of Corporation	in (if known)	
Pursuant to the provisions of section 607 its Articles of Incorporation:	1006, Florida Statutes, this <i>Florida Pro</i>	ofit Corporation adopts the followin	g amendment(s) to
A. If amending name, enter the new n	ame of the corporation:		
			The new
name must be distinguishable and contain "Inc.," or Co.," or the designation "Control association," chartered," "professional association,"	Corp." "Inc." or "Co". A profession		_ эн "Corp.,"
B. Enter new principal office address,			
(Principal office address <u>MUST BE A S</u>	TREET ADDRESS)		~ `
			1020
			HAW
C. Enter new mailing address, if appl (Mailing address MAY BE A POST			<u>δ</u> ;
(manning address) (manning address)			779 1.1
			
D. If amending the registered agent ar	id/or registered office address in Flor	ida, enter the name of the	22
new registered agent and/or the new	w registered office address:		
Name of New Registered Agent	MERCEDES NAVARRETE		_
	17268 LEE ROAD		
	(Florida street address)		-
New Registered Office Address:	FORT MYERS	, Florida 33967	
	(City)	(Zip C	Tode)
Non-Designation of Assert's Circumstance of Company	hamina Partitional America		
New Registered Agent's Signature, if c I hereby accept the appointment as regist		cept the obligations of the position.	
	(Luce)		
	Signature of New-Registered Ay	gent, if phanging	-

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	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	V	ROCIO NAVARRETE	17268 LEE ROAD
/ Add		-	FORT MYERS. FL 33967
X Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change		_	
Add			<u> </u>
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

(Attach additional sheets, if necessary). (Be specific)	
ANNANA ANNA ANNA ANNA ANNA ANNA ANNA A	
<u> </u>	
16 and the state of the state o	
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)	
<u> </u>	
	
<u> </u>	

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The date of each amendment(s) a	1//2020	, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file t	late)
Note: If the date inserted in this bedocument's effective date on the Do	lock does not meet the applicable statutory filing require partment of State's records.	ments, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were add action was not required.	opted by the incorporators, or board of directors without sh	areholder action and shareholder
The amendment(s) was/were add by the shareholders was/were so	opted by the shareholders. The number of votes cast for the fficient for approval.	amendment(s)
	proved by the shareholders through voting groups. The followard voting group entitled to vote separately on the amend	
"The number of votes east	for the amendment(s) was/were sufficient for approval	
by	."	
	(voting group)	
1/28/202 Dated		
(By a d	rector, president or other-officer - if directors or officers h	
	 by an incorporator – if in the hands of a receiver, trustee ed fiduciary by that fiduciary) 	, or other court
	MERCEDES NAVARRETE	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	