PZO 0000 15018

(Requestor's Name)
(Address)
(Address)
(Addiess)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
<u> </u>
Special Instructions to Filing Officer:

Office Use Only



000350371180

08/17/20--01031--016 **35.00

S TALLF'

AUS 17 AMIN: 13

Kurg

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: 305 CL	IPPERS BARBER SHOP INC
DOCUMENT NUMBER: P200000150	
The enclosed Articles of Amendment an	
Please return all correspondence concern	ing this matter to the following:
LUIS E OCHOA	
	Name of Contact Person
<u> </u>	Firm/ Company
312 SW 8 AVENU	UE
MIAMI, FL 33136	Address
	City/ State and Zip Code
	•
E-mail addres	ss: (to be used for future annual report notification)
For further information concerning this n	natter, please call:
	aı ()
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amo	ount made payable to the Florida Department of State:
■ \$35 Filing Fee □\$43.75 Filing Certificate of	
Mailing Address Amendment Section Division of Corporation P.O. Box 6327 Tallahassec, FL 32314	Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

305 C	LIPP	PERS	BAI	RBER	SHOP	INC

(Name of Corporation as curren	tly filed with the Florida	Dept. of State)	
P20000015018			
(Document Number	of Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, this Articles of Incorporation:	s Florida Profit Carporat	ion adopts the following	g amendment(s)
A. If amending name, enter the new name of the corporation:			
Ñ/A			m.
ame must be distinguishable and contain the word "corporation," Inc.," or Co.," or the designation "Corp," "Inc," or "Co". chartered," "professional association," or the abbreviation "P.A.	A professional cornerau	ited" or the abbreviation name must contain	_The new n "Corp.," the word
B. Enter new principal office address, if applicable:	N/A		~
Principal office address MUST BE A STREET ADDRESS)			23
			120 AUG UT
Enter now multiple address (6 1) - 11		 -	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A		
			=
		<u>.</u>	U
. If amending the registered agent and/or registered office ade			
new registered agent and/or the new registered office addres	<u>iress in Fiorida, enter th</u> (s:	e name of the	
Name of New Registered Agent N/A			
The state of the s			
(Florida st	reet address)	<u> </u>	
	·		
Nov. Paristrand Office 414 N/A		, Florida	
New Registered Office Address: NIA	(City)	(Zip Co	xle)
New Registered Office Address: NIA	(City)	(Zip Co	rde)
New Registered Office Address:		(Zip Co	ode)
ew Registered Agent's Signature, if changing Registered Agent	t:		xle)
ew Registered Agent's Signature, if changing Registered Agent	t:		xie)
ew Registered Agent's Signature, if changing Registered Agent	t:		xle)
ew Registered Agent's Signature, if changing Registered Agenthereby accept the appointment as registered agent. I am familiar	t: with and accept the obliga	itions of the position.	xle)
ew Registered Office Address: ew Registered Agent's Signature, if changing Registered Agentereby accept the appointment as registered agent. I am familiar	t:	itions of the position.	xie)

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>Y</u>	Mike Jones			
_X Add	<u>\$V</u>	Sally Smith			
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s		
1) Change	VS	SANDY M RODRIGUEZ	3180 NW 7th St		
X Add			MIAMI, FL 33125		
Remove					
2) Change		_			
Add					
Remove Change					
Add		_			
Remove					
4) Change					
Add					
Remove					
5) Change					
Add					
Remove					
െ Change					
Add					
Remove					

	лионаі зпес	g additional A us, if necessary	y. (Be spec	ijic)					
1									
									
									
					<u>-</u>			,	
									
								· · · · · · · · · · · · · · · · · · ·	
					 -				
									 -
									
									
		 -							
								.	
				,					
	_								
an amene	dment provi	ides for an exc	hange, recla	ssification,	or cancellat	ion of issued	l shares,		
<u> 21 O Y ISHUHS</u>	ior unbigu	enting the amindicate N/A)	<u>iendment if n</u>	ot containe	d in the am	<u>endment its</u>	elf:		
(ij noi	аррисаоте, т	naicaie WA)							
									
-				· · · · · · · · · · · · · · · · · · ·	-				
_									
				_					
			 -						·
								-	
									
·									
•									
				•				· <u>-</u>	
				<u>. </u>			 _	-1	<u></u>

07/30/2020
The date of each amendment(s) adoption:, 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 not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
Adoption of Amendment(s) (CHECK ONE)
☐ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.
The amendment(s) was/were adopted by the shareholders. The number of votes east for the amendment(s) by the shareholders was/were sufficient for approval.
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):
"The number of votes east for the amendment(s) was/were sufficient for approval
by
(voling group)
Dated
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
LUIS OCHOA
(Typed or printed name of person signing)
<u> </u>
(Title of person signing)

.