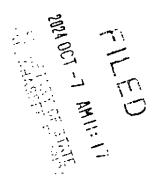
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attedge

DATE: 10/7/24

NAME: LIBERTY CITY BEAUTY SUPPLY INC

TYPE OF FILING: AMENDMENT

COST: 35.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: LIBERTY	CITY BEAUTY SUPPLY INC
DOCUMENT NUMBER: P20000094980	
The enclosed Articles of Amendment and fe	e are submitted for filing.
Please return all correspondence concerning	this matter to the following:
MOHAMMED S. UI	DDIN
	Name of Contact Person
	Firm/ Company
6444 NW 7TH AVE	
MIAMI, FL 33150	Address
	City/ State and Zip Code
MOHAMMEDS.UDI	DIN@YAHOO.COM
E-mail address: (to be used for future annual report notification)
For further information concerning this matt	er, please call:
MOHAMMED S. UDDIN	at (954 678-7019
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amoun	t made payable to the Florida Department of State:
S35 Filing Fee	-
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

FILED 2024 OCT -7 AMII: 17

LIBERTY CITY BEAUTY SUPPLY INC.

LIBERTY CITY BEAUTY SUPPLY IN	IC	<u> </u>	
(Name	of Corporation as currently	filed with the Florida Dept. of State)	
20000094980		• • •	
	(Document Number of	Corporation (if known)	
tursuant to the provisions of section 607 as Articles of Incorporation:	.1006, Florida Statutes, this I	Florida Profit Corporation adopts the follo	wing amendment(s)
. If amending name, enter the new n	ame of the corporation:		
 -			The new
	Corp," "Inc," or "Co". A	ompany," or "incorporated" or the abbreve professional corporation name must con	iation "Corp.,"
. Enter new principal office address,			
Principal office address <u>MUST BE A S</u>	TREET ADDRESS)		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		6444 NW 7TH AVE	
(Maning address MAT DE A LOST	OTTICE BOX)	MIAMI, FL 33150	
). If amending the registered agent at	nd/or registered office addr	ess In Florida, enter the name of the	
new registered agent and/or the ne			
Name of New Registered Agent	MOHAMMED S. UDDIN		
Traine of the state of the stat	6444 NW 7TH AVENUE		
	(Florida stre	et address)	
New Registered Office Address;	MIAMI	, Florida 3315	0
			Zip Code)
New Registered Agent's Signature, if o			
hereby accept the appointment as regis.	tered agent. I am familiar w	ith and accept the obligations of the position)II.
	1	1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	
	1	1 2 2 2	
	Signature of New Re	gistered Agent, if changing	
Theck 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)

Example:

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>	<u>John Doe</u>	
X Remove	<u>v</u>	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	P	MOHAMMAD MATIN	6444 NW 7TH AVE
Add			MIAMI, FL 33150
Remove 2) Change	P	MOHAMMED S. UDDIN	6444 NW 7TH AVE
X Add			MIAMI, FL 33150
Remove 3) Change	VP	SHA MOHAMMED J. QURESHI	6444 NW 7TH AVE
X Add			MIAMI, FL 33150
Remove			
4) Change			
Add			-
Remove			
5) Change			
Add			
Remove			
6) Change		_	
Add			
Remove			

If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)	
	
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)	
HAREHOLDERS DISTRIBUTION IS AS FOLLOW: MOHAMMED S. UDDIN OWNS 50% OF SHARES AND	
IA MOHAMMED J. QURESHI OWNS 50% OF SHARES.	
· · · · · · · · · · · · · · · · · · ·	
· · · · · · · · · · · · · · · · · · ·	

The date of each amendment(s date this document was signed.	OCTOBER 4, 2024	, if other than th
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in the document's effective date on the	is block does not meet the applicable statutory filing requirements, this date Department of State's records.	te 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 actic	on and shareholder
☐ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes east for the amendment(se sufficient for approval.	s)
, ,	approved by the shareholders through voting groups. The following stateme for each voting group entitled to vote separately on the amendment(s):	ent
"The number of votes c	ast for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
	ER 4, 2024	
Dated	r C	
Signature	Mary Hanne	
(By selc	a director, president or other officer – if directors or officers have not been cted, by an incorporator – if in the hands of a receiver, trustee, or other court binted fiduciary by that fiduciary)	<u> </u>
	MOHAMMED S. UDDIN	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	