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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name)
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Certified Copies	_ Certificates o	f Status
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: NEW YORK CUT	S BARBER SHOP INC				
DOCUMENT NUMB						
The enclosed Articles of	of Amendment and fee are su	bmitted for filing.				
Please return all corresp	pondence concerning this ma	tter to the following:				
	DANIEL PLISHTIEV					
-	Name of Contact Person					
	NEW YORK CUTS BARBER SHOP INC					
-	-	Firm/ Company				
	2480 NE 186ST					
-		Address				
	MIAMI GARDENS, FL 331	80				
-		City/ State and Zip Code	<u>.</u>			
	F-mail address: (to be us	sed for future annual report	notification)			
For further information	concerning this matter, pleas	se call:				
DANIEL PLISHTIEV		at (<u></u>	306-7075			
Name of Contact Person		Area Co	de & Daytime Telephone Number			
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:			
S35 Filing Fee	☐\$43.75 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		Amend	Address Iment Section			
Division of Corporations P.O. Box 6327		Division of Corporations Clifton Building				
	hassee, F1, 32314	2661 Executive Center Circle Tallahassee, FL 32301				

Articles of Amendment to Articles of Incorporation of

(Name of Corporation as currently	filed with the Florida Dept. of State)
P21000017930	
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607.1006. Florida Statutes, this a its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "(word "chartered," "professional association," or the abbreviation "	.o". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	当
C. Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	£
D. If amending the registered agent and/or registered office addr	ess in Florida, enter the name of the
new registered agent and/or the new registered office address	
Name of New Registered Agent	
reamery rear regimeres rigem	
(Florida str	est addressi
· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:	Florida
	(C115) 12.17 COOCT
New Registered Agent's Signature, if changing Registered Agent	
Thereby accept the appointment as registered agent. I am familiar v	with and accept the obligations of the position.
The state of the s	egistered Agent, if changing
Ngnature of New K	еріметей Арені, 4 снандніў

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>b.l.</u>	John De	<u>ne</u>	
X Remove	<u>V</u>	Mike Jo	<u>ones</u>	
<u>X</u> Add	<u>sv</u>	Sally Si	nith	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change	V		ALEX PLISHTIEV	3300 NE 191ST ST,#401
X Add		_		MIAMLEL 33180
Remove				
2) Change				
Add				
Remove				
3) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change				-
Add				
Remove				
6) Change		_		
Add				
Remove				

	ding additional Art heets, if necessary).	(Be specific)			
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	provides for an exc	hange, reclassifi	cation, or cancella	ition of issued shar	<u>'es,</u>
<u>i an amendment</u>	piementing the am oblavitationa MAD	enament ii not c	ongamed in the ar	nenoment usen;	
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The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
08/25/2021 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, document's effective date on the Department of State's records.	this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amend by the shareholders was/were sufficient for approval.	lment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following a must be separately provided for each voting group entitled to vote separately on the amendments:	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and sha action was not required.	reholder
■ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	lder
Dated	
(By a director, president or other officer – if directors or officers have no selected, by an incorporator – if in the hands of a receiver, trustee, or oth appointed (iduciary by that fiduciary)	
DANIEL PLISHTIEV	
(Typed or printed name of person signing)	
PRESIDENT	

(Title of person signing)