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PICK-UP WAIT MAIL				
(Business Entity Name)				
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12/12/23--01007--016 **43.75



COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA DOCUMENT NUMBI	ATION: BARBERS 197 ER: P22000046103		1010A			
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.				
Please return all corresp	ondence concerning this ma	itter to the following:				
(ONIX BAEZ RIVERA					
	Name of Contact Person					
-	Firm/ Company					
	Address					
	City/ State and Zip Code					
BARBERS1978@GMAIL.COM E-mail address: (to be used for future annual report notification)						
For further information	concerning this matter, pleas	se call:	•			
ONIX BAEZ RIVE	RA	at (407				
Name of	Contact Person		de & Daytime Telephone Number			
Enclosed is a check for t	he following amount made	payable to the Florida Dep	artment of State:			
□ \$35 Filing Fee	S43.75 Filing Fee & Certificate of Status	S43.75 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		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

(Name of Corporation as current)	y filed with the Florida	Dept. of State)	
(Document Number o	Corporation (if known))	
Pursuant to the provisions of section 607.1006. Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporat	ion adopts the followi	ng 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," "Co"." or Co.," or the designation "Corp," "Inc." or "Co". A "chartered," "professional association," or the abbreviation "P.A."	ompany," or "incorpora professional corporat	ated" or the abbreviation name must conta	ion "Corp"
B. Enter new principal office address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)		+ +	

C. Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
			<u> </u>
			······································
			<u></u> .
D. If amending the registered agent and/or registered office addr	use in Florida, onton th	a nama af tha	7
new registered agent and/or the new registered office address:	css in Fiorida, enter th	t name of the	-
Name of New Povistowal Agent			
Name of New Registered Agent			
		·	
(Florida stre	et address)		
New Registered Office Address:		, Florida	
1	City)	(Zip	Code)
N. D. C. Lin at Cl. in the Co.			
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w	ith and accept the obliga	ations of the position	
; , , , , , , , , , , , , , , , , , , ,	in and decips the mage	anous by the position.	
Signature of New Re	gistered Agent, if chang	ing	_
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 D	loe	
X Remove	<u>v</u>	Mike J	<u>ones</u>	
X Add	<u>sv</u>	Sally S	<u>mith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1)Change	CFO	_	ISHA V. VIDAL WHITNEY	1176 SPOKANE PT
X Add				KISSIMMEE, FL 34741-0751
Remove				
2) Change		_ _		
Add				r
Remove Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		_		
Add				
Remove				

The date of each amendment(s) add	option: NOVEMBER 18, 2023	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date	<i>?)</i>
Note: If the date inserted in this bk document's effective date on the Dep	ock does not meet the applicable statutory filing requirement artment of State's records.	nts, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☑ The amendment(s) was/were adopaction was not required.	ted by the incorporators, or board of directors without sharel	nolder action and shareholder
☐ The amendment(s) was/were adop by the shareholders was/were suf	ted by the shareholders. The number of votes cast for the an ficient for approval.	nendment(s)
	oved by the shareholders through voting groups. The follows ach voting group entitled to vote separately on the amendme	
"The number of votes east fo	or the amendment(s) was/were sufficient for approval	
by	."	
· -	(voting group)	
Dated 11/20/202	<u>~</u>	•
Signature /	<u> </u>	
	ector, president or other officer - if directors or officers have	not been not been
	by an incorporator – if in the hands of a receiver, trustee, or	other court
appointe	d fiduciary by that fiduciary)	
	ONIX BAEZ RIVERA	other court
77	(Typed or printed name of person signing)	
	(1) pea or primed mine or person signing)	·
•	P = PRESIDENT	

(Title of person signing)