P23000029814

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2023 SEP 15 PH 12: 1

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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF COPPOR	THE BARBER AP	P, INC	
NAME OF CORPOR	P23000029814		
DOCUMENT NUME			
The enclosed Articles	of Amendment and fee are sul	bmitted for filing.	
Please return all corres	pondence concerning this mat	tter to the following:	
	ANDREW MARIO ZEA		
	· · · · · · · · · · · · · · · · · · ·	Name of Contact Person	
		Firm/ Company	
	3113 SARATOGA DR. KISS	Address IMMEE, FL 34743	
		City/ State and Zip Code	<u> </u>
	andrewzea03@gmail.com	•	
	E-mail address: (to be us	ed for future annual report	notification)
For further informatio	n concerning this matter, pleas	se call:	
ANDREW MARIO Z	EEA	954 at (9939433
Name of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	artment of State:
□ \$35 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)
Ame Divi P.O	ching Address endment Section ision of Corporations . Box 6327 ahassee, FL 32314	Amend Division The Co 2415 N	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303

Articles of Amendment to Articles of Incorporation of

THE	DA	DD	ED	A DD	INC
Inc	ממ	KD	r.ĸ	Arr.	IINC.

(Name of Corp P23000029814	oration as curren	tly filed with the Florida Dep	t. of State)		
(I	Document Number	of Corporation (if known)			
Pursuant to the provisions of section 607.1006, Fits Articles of Incorporation:	lorida Statutes, this	s Florida Profit Corporation a	dopts the followin	g amen	dment(s) to
A. If amending name, enter the new name of	the corporation:				
name must be distinguishable and contain the wo "Inc.," or Co.," or the designation "Corp," "chartered," "professional association," or the	"Inc," or "Co".	A professional corporation i		on "Cor	
		3113 SARATOGA DR.			
B. Enter new principal office address, if appli (Principal office address MUST BE A STREET		KISSIMMEE, FL 34743	· ····································		_
				20	
C. Enter new mailing address, if applicable; (Malling address MAY BE A POST OFFICE BOX)		3113 SARATOGA DR.		83 SEP	HOISIY VISION O
, .		KISSIMMEE, FL 34743		CJ.	— 第25年 第75年 第75年
				7X	
D. If amending the registered agent and/or renew registered agent and/or the new regis			me of the	04:	
ANDI	REW MARIO ZEA				
Name of New Registered Agent 3113 S	SARATOGA DR. I	CISSIMMEE, FL 34743		-	
3113 S New Registered Office Address:	(Florida s SARATOGA DR. I	treet address) KISSIMMEE	34743 . Florida		
New Register on Office Audiess.		(City)		Code)	_
New Registered Agent's Signature, if changin I hereby accept the appointment as registered as	gent. I am familia	nt:	,	Code)	

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	Y	Mike Jones	
X Add	<u>\$V</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	P	OLIVER S. VELEZ, SR	9561 FONTAINEBLEAU BD
Add			APT 212. MIAMI, FL 33172
Remove			
2) Change	P	ANDREW MARIO ZEA	3113 SARATOGA DR.
X Add			KISSIMMEE, FL 34743
Remove 3) Change			
Add			
Remove			
4) Change	 		2023 SEP
Add			SEP SEP
Remove			P 1 5
5) Change	<u>-</u>		PMI2:
Add			
Remove			
6) Change			
Add			

Attach additional sheets, if necessary).	(Be specific)	
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f an amendment provides for an exch provisions for implementing the amen (if not applicable, indicate N/A)	ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:	
 		
		····
· · · · · · · · · · · · · · · · · · ·		

09/12/2023

The date of each amendment(s) adoption:	<u> </u>	, if other than the
date this document was signed. 09/12/2023		
Effective date <u>if applicable</u> :		<u> </u>
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does document's effective date on the Department	not meet the applicable statutory filing requirements, this date of State's records.	e will not be listed as the
Adoption of Amendment(s)	CHECK ONE)	
The amendment(s) was/were adopted by the action was not required.	he incorporators, or board of directors without shareholder action	n and shareholder
☐ The amendment(s) was/were adopted by the shareholders was/were sufficient for	ne shareholders. The number of votes cast for the amendment(s) or approval.)
must be separately provided for each voti "The number of votes cast for the an	the shareholders through voting groups. The following statementing group entitled to vote separately on the amendment(s): nendment(s) was/were sufficient for approval	01VISION (
by	voting group)	
09/12/2023 Dated Signature	······································	OF STATE ORPORATION
selected, by an in appointed fiducion	resident or other officer – if directors or officers have not been acorporator – if in the hands of a receiver, trustee, or other court ary by that fiduciary) DO VELASCO, JOHANS F, SR	
VP	(Typed or printed name of person signing)	
	(Title of person signing)	