P240000040239

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2024 NOV 19 PH 1: 11 SECRETARY OF STATE TALLAHASSEE, FL

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: CLIP CULTURE B	ARBERSHOP			
DOCUMENT NUMI					
The enclosed Articles	of Amendment and fee are sub	omitted for filing.			
Please return all corre	spondence concerning this mat	ter to the following:			
	Salah Sulciman				
		Name of Contact Person			
	Clip Culture Barbershop INC		_		
		Firm/ Company			
	19231 NORTH DALE MABI	RY HIGHWAY			
		Address		38	202
	LUTZ, FL 33548			됐음	<u>.</u>
		City/ State and Zip Code		ĘΨ	9
	salsulei1@gmail.com			SECRETARY OF ST TALLAHASSEE, I	19 6
	E-mail address: (to be us	ed for future annual report	notification)	SE Or	¥
For further informatio	n concerning this matter, pleas	se call:		STATE E, FL	2024 NOV 19 PM 1:11
Salah Suleiman		at (8504572		
Name	of Contact Person		de & Daytime Telephone Number	_	
Enclosed is a check fo	or the following amount made	payable to the Florida Depa	artment of State:		
■ \$35 Filing Fec	☐\$43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Am Div P.O	iling Address endment Section ision of Corporations Box 6327 lahassee, FL 32314	Amend Divisio The Co 2415 N	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303		

10 mg

Articles of Amendment to Articles of Incorporation of

(Name of Corporation as current	tly filed with the Florida Dept. of State)			
P24000040829				
(Document Number	of Corporation (if known)			
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s) to			
A. If amending name, enter the new name of the corporation:				
WINNERS BARBERSHOP INC	The new			
name 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 corporation name must contain the word			
B. Enter new principal office address, if applicable:	19231 NORTH DALE MABRY HIGHWAY			
(Principal office address MUST BE A STREET ADDRESS)	LUTZ, FL 33548			
	ALL			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	19231 NORTH DALE MABRY HIGHWARD			
(muning marcess MATE DE N 1 OS 1 O 1 1 1 OS 2 O 1.	LUTZ, FL 33548			
D. If amending the registered agent and/or registered office ad	dress in Florida, enter the name of the			
new registered agent and/or the new registered office address	<u>ss:</u>			
Name of New Registered Agent N/A				
(Florida s	street address)			
N/A				
New Registered Office Address:	(City), Florida (Zip Code)			
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familia				
Signature of New	Registered Agent, if changing			

Check if applicable

CLIPCULTUREBARBERSHOP

The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

it 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)

Remove

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>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change			
Ađd			
Remove			2024 SEC
2) Change			SECRETAF
Add			AHASY 19
Remove Change			HASSEE.
Add			TATE 11
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change		<u> </u>	
Add			

E. It amending or adding additional Arti (Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)	
N/A		
		_
	<u> </u>	_
		
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F. If an amendment provides for an exclusions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:	
(if not applicable, indicate N/A)		
N/A		 -
		_
	·····	_
		
		•

i ne date of each amendment	(s) adoption:	11/12/24		, if other than the
date this document was signed.	•			
Effective date if applicable:	11/12/24			
Effective date in applicable.		(no more than 90 days a	fter amendment file date)	
Note: If the date inserted in t document's effective date on the			tutory filing requirements, this date	will not be listed as the
Adoption of Amendment(s)	C	CHECK ONE)		
■ The amendment(s) was/wer action was not required.	e adopted by t	the incorporators, or board of	directors without shareholder action	and shareholder
☐ The amendment(s) was/wer by the shareholders was/we			r of votes cast for the amendment(s)	
			ting groups. The following statement arately on the amendment(s):	
"The number of votes	cast for the a	mendment(s) was/were suffic	ient for approval	
, 100			,,	s z
by		(voting group)	·	SECRETARY OF STALLAHASSEE.
	,	,		AR S
11/11/	DΔ			P3 - 5
Dated				HAR 19
	(2. 1. 1.	4.1.		PH 1:1
Signature	ruun	Munun		
			lirectors or officers have not been	T 7
		incorporator – if in the hands iary by that fiduciary)	of a receiver, trustee, or other court	- H
aş	•			
	Salah Si	uleiman		
	- 	(Typed or printed name of	person signing)	
	Presider	nt		
		(Title of person signing)	- · · · · · · · · · · · · · · · · · · ·	