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DIVISION OF CORF OR ATIONS
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OPEN 11 PM 3: 40

COVER LETTER

TO: Amendment Section

Tallahassee, FL 32314

Division of Corporations				
NAME OF CORPORATION: A FINIZ CUT INC				
NAME OF CORPORATION:				
DOCUMENT NUMBER:				
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Name of Contact Person				
CEVINI LIEALY				
. Name of Confact Person				
•				
A FINE CUT INC Firm/Company				
Firm/ Company				
_				
3635 JUSTISON RD COC. GROVE.				
Address				
MIAMI FLORISA 33133				
City/ State and Zip Code				
ong, class and c.p contr				
E-mail address: (to be used for future annual report notification)				
\cdot				
For further information concerning this matter, please call:				
Marin Hrass 205 1100 2500				
Name of Contact Person at (305) 665-2550 Area Code & Daytime Telephone Number				
Name of Contact Person				
Enclosed is a check for the following amount made payable to the Florida Department of State:				
\$35 Filing Fee \$\ \tag{\$\\$43.75 Filing Fee \& Certificate of Status}\$\$ Certificate of Status				
(Additional copy is enclosed) Certified Copy				
(Additional Copy is enclosed				
Mailing Address Street Address				
Amendment Section Amendment Section				
Division of Corporations Division of Corporations				
P.O. Box 6327 Clifton Building				
Tallahassee, FL 32314 2661 Executive Center Circle				

Tallahassee, FL 32301

Articles of Amendment

to

Articles of Incorporation of

A FINE CUT. INC	09 SEP 11	PM 3: 40
(Name of Corporation as currently filed with the	ne Florida Dept. of State)	PH 3:40
^	•	.0
V940001608S (Document Number of Corporation	on (if known)	
(Decument Number of Corporatio	in (in known)	
Pursuant to the provisions of section 607.1006, Florida Statutes amendment(s) to its Articles of Incorporation:	s, this Florida Profit Corporation adopt	ts the following
A. If amending name, enter the new name of the corporation:	<u>.</u>	
- A U -		The new
name must be distinguishable and contain the word "corporabbreviation "Corp.," "Inc.," or Co.," or the designation "Corpame must contain the word "chartered," "professional associated	ration," "company," or "incorporated rp," "Inc," or "Co". A professional co	" or the
B. Enter new principal office address, if applicable:		
(Principal office address <u>MUST BE A STREET ADDRESS</u>)		
-		
_		
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 a new registered agent and/or the new registered office addr	ress:	<u>e</u>
Name of New Registered Agent: KIZZ	AN HEALY	
	SON RD COC. GROVE	
	a street address)	
(City)	AMI, Florida FL (Zip Code) 33	<u>3</u> 3133
New Registered Agent's Signature, if changing Registered Age I hereby accept the appointment as registered agent. I am familia	tr with and accept the obligations of the p	osition.
Signature of New I	egistered Agent, if changing	

Page 1 of 3

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) Address Type of Action Title Name 3635 JUSTISON ☐ Add LA COC GROVE Remove MIAMI FLORIDA 33133 ☐ Add ☐ Remove KIERAN E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) F. 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)

The date of each amendment(s) adoption:				
(date of adoption is required)				
Effective date if applicable:				
(no more than 90 days after amendment file date)				
Adoption of Amendment(s) (CHECK ONE)				
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.				
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):				
"The number of votes cast for the amendment(s) was/were sufficient for approval				
by President Victorias;" (voting group)				
by (Nes in the VICE (25."				

The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.				
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.				
Dated 9 9 9				
Signature				
(By a director, president or other officer if directors or officers have not been				
selected, by an incorporator—if in the hands of a receiver, trustee, or other court				
appointed fiduciary by that fiduciary)				
KEVIN HEALY				
(Typed or printed name of person signing)				
PRZSIDENT				
(Title of person signing)				

authorized officer this of In Witness Whereof, the said Corporation has caused this Certificate to be signed by the duly This evidences This Certifies that total stock issued by the above named Corporation. Organized under the laws of the state of 500 Must have Signature of Shares of the LIERAN (Enter corporation name here) % of the total shares of stock issued by the corporation. icer of the Corporation] 000 shares of the is the holder