

L15000147677

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

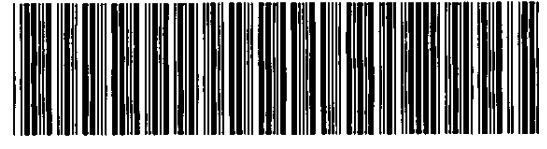
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200291006642

11/23/16--01003--003 **25.00

RECEIVED
2016 OCT 31 PM 3:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
2016 DEC -2 PM 09:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
DEC -6 2016

Handwritten initials/signature



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 1, 2016

MASTER ACCOUNTANTS, PA
GUILLERMO DIAZ
10041 BIRD RD.
MIAMI, FL 33165

SUBJECT: 305KUTZ BARBERSHOP LLC
Ref. Number: L15000147677

RECEIVED
2016 NOV 14 PM 2:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

* We have received your document for 305KUTZ BARBERSHOP LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

* We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly
Regulatory Specialist II

Letter Number: 516A00023437



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
2016 DEC -2 PM 2:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

November 22, 2016

MASTER ACCOUNTANTS, PA
GUILLERMO DIAZ
10041 BIRD RD
MIAMI, FL 33165

SUBJECT: 305KUTZ BARBERSHOP LLC
Ref. Number: L15000147677

We have received your document for 305KUTZ BARBERSHOP LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

**** Fill out this LLC form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly
Regulatory Specialist II

Letter Number: 716A00025109

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 305KUTZ BARBERSHOP LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and (re-) are submitted for filing.

Please return all correspondence concerning this matter to the following:

GUILLERMO DIAZ

Name of Person

MASTER ACCOUNTANTS, PA

Firm/Company

10041 BIRD ROAD

Address

MIAMI, FL 33165

City/State and Zip Code

MASTERTAXENPA@GMAIL.COM

E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

GUILLERMO DIAZ

at (786) 683-4521

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount.

- \$25.00 Filing Fee \$30.00 Filing Fee & Certificate of Status \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

305KUTZ BARBERSHOP LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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2016 DEC -2 PM 4:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 08/28/2015 and assigned
Florida document number L1500017677.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

N/A

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

MARIA JULIA HERNANDEZ LIMA

New Registered Office Address:

9560 SW 40 STREET

Enter Florida street address

MIAMI

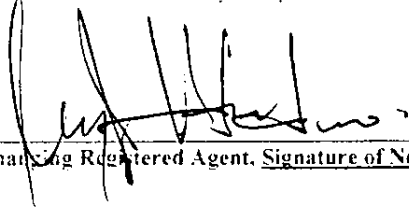
Florida 33165

City

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.


If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	MARIA J HERNANDEZ LIMA	9560 SW 40 ST. MIAMI, FL 3316.	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
P.V.P.S	YANIEL RUIZ		<input type="checkbox"/> Add
		9560 SW 40 ST. MIAMI, FL 3316	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED
 2016 DEC -2 PM 03:44
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

N/A

Lined area for amending information, currently blank.

2016 DEC -2 PM 1:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

E. Effective date, if other than the date of filing: _____ (optional)

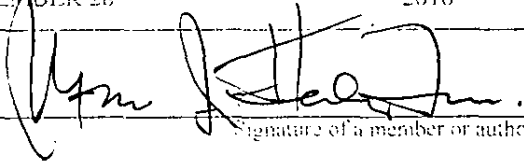
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated NOVEMBER 28 2016



Signature of a member or authorized representative of a member

MARIA J HERNANDEZ LIMA

Typed or printed name of signee