

L180000033536

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

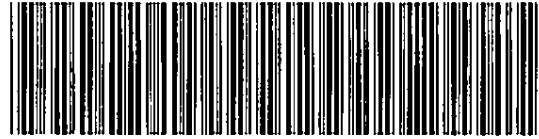
(Document Number)

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21 APR -2 AM 10:02
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FEDERAL BUREAU OF INVESTIGATION
U.S. DEPARTMENT OF JUSTICE

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: RAMSES BARBERSHOP LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ADA CABALLERO

Name of Person

RAMSES BARBERSHOP LLC

Firm/Company

6159 LAKE WORTH ROAD SUITE 2A

Address

GREENACRES FL 33463

City/State and Zip Code

EAGLEWPB@AOL.COM

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

For further information concerning this matter, please call:

ADAN CABALLERO

561

2428719

at ()

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

TALLAHASSEE
SECRETARY OF STATE
DIVISION OF CORPORATION

21 APR -2 AM 10: 02

RAMSES BARBERSHOP LLC

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

The Articles of Organization for this Limited Liability Company were filed on 02/06/2018 and assigned
Florida document number L18000033536.

This amendment is submitted to amend the following:

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

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:

(Principal office address MUST BE A STREET ADDRESS)

4094 WOODHILL PL

BOYNTON BEACH FLORIDA 33436

Enter new mailing address, if applicable:

(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:

ADAN CABALLERO

New Registered Office Address:

4094 WOODHILL PL

Enter Florida street address

BOYNTON BEACH

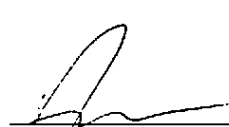
Florida 33436

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

FLORIDA
SECRETARY OF STATE
DIVISION OF CORPORATIONS

21 APR -2 AM 10: 02

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	ADAN CABALLERO	4094 WOODHILL PL	<input checked="" type="checkbox"/> Add
		BOYNTON BEACH FLORIDA 33436	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	YANETH QUINTANAR RESENE	1356 PARTTERRE DR	<input type="checkbox"/> Add
		WEST PALM BEACH FL 33417	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	LUCERO E MEZA SANCHEZ	3195 E ATLANTIC DR	<input type="checkbox"/> Add
		BOYNTON BEACH FLORIDA 33435	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

is, if necessary, by Order.

21 APR 2 0910Z 02

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)(h)

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 MARCH 26TH 2021

[Signature]

Signature of a member or authorized representative of a member

ADAN CABALLERO

Typed or printed name of signee