## 418000206323

Office Use Only

A. RIVERS



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12/20/21--01032--011 \*\*30.00

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RECORDER TATE

## **COVER LETTER**

TO:

**Registration Section** 

Division of Corporations					
SPEED BA	ARBER, LLC				
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ndence concerning this matter	to the following:			
	EDWIN COLON				
	·	Name of Person			
	SPEED BARBER, LLC				
		Firm/Company			
	5846 SOUTH FLAMING	ROAD, BOX 269			
		Address			
	COOPER CITY, FL 3333	0			
		City/State and Zip Code			
	ecvinvestments@gmail.con				
		to be used for future annual report not	ification)		
For further information c	oncerning this matter, please c	all:			
EDWIN COLON		808 497-4341 at ( )			
Name o	f Person	at ()	ne Telephone Number		
Enclosed is a check for the	ne 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)		
Malling Address: Registration Section		Street Address: Registration Section			
Division of Corporations		Division of Corporations The Centre of Tallahassee			
P.O. Box 6327 Tallahassee, FL 32314			2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SPEED BARBER, LLC			
(Name of the Limi	ted Liability Compan (A Florida Limited Lia	y as it now appears on ou ability Company)	r records.)
The Articles of Organization for this Limited L Florida document number <u>L18000206323</u>	iability Company w	vere filed on <u>08/28/20</u>	and assigned
This amendment is submitted to amend the fol-	lowing:		
A. If amending name, enter the new name of	of the limited liabili	ity company here:	
The new name must be distinguishable and contain the	words "Limited Liabilit	y Company," the designati	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applie	cable:		
(Principal office address MUST BE A STRE	ET ADDRESS)		
Enter new mailing address, if applicable:			_
(Mailing address MAY BE A POST OFFICE	(BOX)		
B. If amending the registered agent and/or agent and/or the new registered office addre	• •	ldress on our records	, enter the name of the new registered
Name of New Registered Agent:	AYLEEN ALFO	NSO	_
New Registered Office Address:	5846 SOUTH FLAMING ROAD, BOX 269		
New Registered Office Address.		Enter Florida stre	et address
	COOPER CITY		, Florida 33330 Zip Code;
		City	Zip Code
New Registered Agent's Signature, if changing	Registered Agent:		20
I hereby accept the appointment as register provisions of all statutes relative to the propaccept the obligations of my position as reg being filed to merely reflect a change in the company has been notified in writing of this	per and complete p istered agent as pr registered office a	erformance of my di covided for in Chapte	ities, and I am familiar w <del>ith</del> and process of the control of the

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>	Type of Action
AMBR	EDWIN COLON	5846 SOUTH FLAMING ROAD, BOX 269	🗆 Add
		COOPER CITY, FL 33330	
			□Change
			□Add
			□Remove
			🗆 Change
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(If an effe- Note: 1	date, if other than the date of filing: 12/08/21 (optional) we 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 605.020' the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as 's effective date on the Department of State's records.
he record ord is file	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated _	DECEMBER 08, 2021
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00