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DIVISION OF COMPORATIONS
2023 OCT 11 PH 3: 36

Y. SCOTT OCT 2 2 2023

COVER LETTER

TO:

FO: Registration Se Division of Cor		,		
• •	PANAL BA	RBER SHOP		
SUBJECT:	Name of Limi	ited Liability Company		
	1 16 (A)	and the filter		
The enclosed Articles of .	Amendment and fee(s) are sub-	mined for fining.		
Please return all correspo	ndence concerning this matter	to the following:		
	Juan p	Name of Person	a.	
		Name of Person		SE(DIVISI 2023
		Firm/Company		SECRETARY DIVISION OF CI 2023 OCT 11
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	C1	Address		PH 3: 36
	Clearu	Sater FL 3 City/State and Zip Code	3765	36
	elpanalcon	nmusflowa gmun, to be used for future annual report notit	1. Com	
For further information c	email address: (all: 510 227 4519	3	
Name o	t Person	at (<u>5/0</u>) 2 of Area Code Daytimo	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 Certificate of Certified Cop (additional copy	Status & y
<u>Mailing Addres</u> Registration S		Street Address: Registration Sec	rtion	
Division of C		Division of Cor		
P.O. Box 632	•	The Centre of T	-	
Tallahassee, 1			Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EL PANAL B	SADBER SHOP
(Name of the Limited Liability Co (A Florida Lim	ompany as it now appears on our records.) nited Liability Company)
The Articles of Organization for this Limited Liability Comp Florida document number <u>L 22000/2189</u> 9	pany were filed on 3/10/2027 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited ART2 BARBER Shop The new name must be distinguishable and contain the words "Limited"	Liability company here: Liability Company," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRES	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	CCT I PH 3: 70F STATE 3: 36 HE Mice address on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	. Florida
	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 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>	Address	Type of Action
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			□Add
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			FILED ARY OF STATES F COREGORATIONS III PM 3: 86
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Filing Fee: \$25.00