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COVER LETTER

Division of Corp	porations				
SUBJECT: DIE	esel Barbei	rshop. LLC			
		ited Liability Company			
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspor	ndence concerning this matter	to the following:			
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	Osnie	/ DIAZ			
		Name of Person			
	Diesel	Name of Person BARBERSH Firm/Company	op LLC		
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	incerning this matter, please co	311)		7 6	•
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Name of	Person	Area Code Daytime	Telephone Number	7	_ <u>_</u> <u>_</u> <u>_</u> <u>_</u> <u>_</u> <u>_</u> _
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Enclosed is a check for the	e following amount:			AH 8: 28	
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	★ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fed Certificate of Standard Copy (additional copy is a	atus &	

TO:

Registration Section

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

DIESEL BARBERShop LLC

(Name of the Limited Liability Company as it how appears on our records.)

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 07/14/2020 and assigned

Florida document number L20000204327

This amendment is submitted to amend the following:

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

DEISEL BARBERSHOP LLC

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

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

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:	N/A	
New Registered Office Address:	Enter Florida street	address
-	City	, Florida Zip Code

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

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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>	Address	Type of Action
	N/A		□ Add
			□Remove
			Change
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an effe	ctive 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
	if the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the onthe Department of State's records.
ic time	at selective date on the Department of State \$ records.
is file	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 ed.
ntad	NOVEMBER 12 2020
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	/() 1) 4
	$(\mathcal{I})\mathcal{I}\mathcal{I}$
	NOVEMBER 12 2020 Signature of a member of authorized representative of a member

Typed or printed name of signee