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SECRETARY OF STATE  
TALLAHASSEE, FL

*Amund*

JUN 12 2021

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Barber Boutique & Sps. 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:

Irma L. Rivera

Name of Person

Barber Boutique & Spa, LLC

Firm/Company

2180 Central Florida Parkway A4

Address

Orlando, FL 32837

City/State and Zip Code

barberboutiqueandspa@gmail.com

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

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2021 FEB 23 PM 12:13  
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TALLAHASSEE, FL

For further information concerning this matter, please call:

Irma L. Rivera

703

593-2146

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**

BARBER BOUTIQUE & SPA

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

FILED  
2021 FEB 23 PM 12:13  
SECRETARY OF STATE  
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on November 5, 2018 and assigned  
Florida document number 118000258728

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 "L.L.C."

**Enter new principal offices address, if applicable:**

**(Principal office address MUST BE A STREET ADDRESS)**

2180 CENTRAL FLORIDA PARKWAY A4

ORLANDO, FL 32837

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

1316 S. BUCHANAN STREET

ARLINGTON, VA 22204

**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:

IRMA L. RIVERA

New Registered Office Address:

2180 CENTRAL FLORIDA PARKWAY A4

*Enter Florida street address*

ORLANDO

*City*

Florida 32837

*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.*

**RIVERA.IRMA.LUZ.1025  
023460**

Digitally signed by  
RIVERA.IRMA.LUZ.1025023460  
Date: 2021.02.18 09:54:43 -05'00'

**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	ALVAREZ, DEBRA L.	3242 PALATKA STREET	<input type="checkbox"/> Add
		ORLANDO, FL 32824	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	RIVERA, IRMA L.	2180 CENTRAL FLORIDA PARKWAY A4	<input checked="" type="checkbox"/> Add
		ORLANDO, FL 323837	<input 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"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(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)

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 FEBRUARY 18 2021

Signature of a member or authorized representative of a member

Delma L. Alvarez  
Typed or printed name of signer