

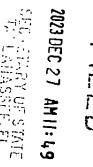
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COVER LETTER

TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

	ARBER SHOP 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	indence concerning this matter	to the following:	
	YORDANIA GARCIA		
		Name of Person	
		Firm/Company	
	1634 SE 47TH ST SUITE	18	
		Address	
	CAPE CORAL FL 33904		
	ODALYS@PROEXECCO	City/State and Zip Code NSULTING.COM	
	E-mail address: (to be used for future annual report notif	lication)
For further information c	oncerning this matter, please c	all:	
YORĐANIA GARCIA		786 286-9509	
Name of Person Area Code Daytime Telephone N		e Telephone Number	
Enclosed is a check for the	he 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		<u>Street Address:</u> Registration Sec	otion
Registration Section Division of Corporations		Division of Cor	
P.O. Box 6327		The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

YES SR BARBER SHOPLLC

(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our reco	rds.)
The Articles of Organization for this Limited Liability Company Florida document number $\frac{1.23000553296}{1.23000553296}$.		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	bility company here:	
YES SIR BARBER SHOP LLC		
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "El	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		2023 DEC
Enter new mailing address, if applicable:		27 P
(Mailing address MAY BE A POST OFFICE BON)		SSE THE COLUMN TO THE COLUMN T
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, ento	er the name of the new registere
Name of New Registered Agent:		
New Registered Office Address:	15	
	Enter Florida street address	
	, 1	FloridaZip Code
		inp come

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			⊟Remove
			□ Change
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: (If an effective date is listed, the date among the control of the date o __ (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)(b) 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. Signature of a member authorized representative of a member YORDANIA GARCIA

Filing Fee: \$25.00

Typed or printed name of signee