LIIOOOGHOZ

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
| L. SELLERS |
| AUG 17 2011 |
| EYAMINER |

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COVER LETTER

| то: | Registration Sec Division of Corp | | | • |
|--------|--------------------------------------|--|---|---|
| SUBJE | ·CT· | The Barb | er's Shop, LLC | |
| SODJE | | | ed Liability Company | |
| The en | closed Articles of | Amendment and fee(s) are sub | mitted for filing. | |
| Please | return all correspo | ndence concerning this matter | to the following: | , |
| | | Thon | nas D Sakezles, Trustee | |
| | | Thomas | Sakezles and Bertha | ı Gail |
| | | Sakezles | s Revocable Living T | rust |
| | | | Firm/Company | |
| | | 229 | kezles Revocable Living Trust | |
| | | <u></u> | | |
| | | | El : 1 00040 400E | |
| | | | npa, Florida 33613-1625 .City/State and Zip Code | |
| | | | tony, o date and sop code | |
| | | E-mail address: (1 | o be used for future annual report noti | fication) |
| For fu | ther information c | oncerning this matter, please c | all: | |
| | Jame | es L Mashlonik | at (813) | 802-9155 |
| | Name o | f Person | Area Code & Daytin | ne Telephone Number |
| Enclos | ed is a check for th | ne following amount: | | |
| \$25 | 5.00 Filing Fee | \$30.00 Filing Fee & Certificate of Status | S55.00 Filing Fee & Certified Copy (additional copy is enclosed | S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |

MAILING ADDRESS:

TO:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

| (5) (2) (1) | The Barber's Shop, LL(| <u> </u> | |
|---|--|------------------------------|--------------------------|
| (Name of the Limit | ed Liability Company as it now ap (A Florida Limited Liability Compan | ny) | |
| The Articles of Organization for this Limited Clorida document numberL110000 | | March 8, 2011 | and assigned |
| This amendment is submitted to amend the fo | ollowing: | | |
| A. If amending name, enter the new name | of the limited liability company | <u>here</u> : | |
| The new name must be distinguishable and end L.L.C." | with the words "Limited Liability Co | mpany," the designation " | LLC" or the abbreviation |
| Enter new principal offices address, if app | licable: | | |
| Principal office address MUST BE A STRI | EET ADDRESS) | | |
| | | | |
| Enter new mailing address, if applicable: | | | |
| Mailing address MAY BE A POST OFFIC | E BOX) | | <u> </u> |
| | | | |
| B. If amending the registered agent an registered agent and/or the new registered | | · | the name of the ne |
| Name of New Registered Agent: | | | |
| | 220 East Bearss Avenue | е | |
| Name of New Registered Agent: New Registered Office Address: | 220 East Bearss Avenue | e Enter Florida street ad | dress |
| | 220 East Bearss Avenue | | |

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 608, 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 the Managers of Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being aided or removed from our records:

MGR = Manager

MGRM = Managing Member **Title** <u>Name</u> Address Type of Action **MGRM** Thomas D Sakezles 220 East Bearss Avenue ☐ Add Remove Tampa, Florida 33613-1625 MGRM Thomas Sakezles and 220 East Bearss Avenue Add [7] Bertha Gail Sakezles ☐ Remove **Revocable Living Trust** Tampa, Florida 33613-1625 $\prod Add$ ☐ Remove □Add Remove □Add Remove \square Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated Signature of a member or authorized representative of a member Thomas D Sakezles Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00