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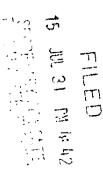
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AUG 03 2015 S. YOUNG

COVER LETTER

TO: Registration Section Division of Corporation	
SUBJECT:	Monster Fadez Barber Shop LLC Name of Limited Liability Company
The enclosed Articles of Am	endment and fee(s) are submitted for filing.
Please return all corresponde	ence concerning this matter to the following:
	Evamar Hernandez Name of Person
	Firm/Company
	832 Country Circle Apt D
	832 Country arcle Apt D Adiress Kissimmle FL 34744 City/State and Zip Code evamar. hernandez @ gmail.com E-mail address: (to be used for future annual report notification)
-	City/State and Zip Code evamar. hernandez @ gmail. com E-mail address: (to be used for future annual report notification)
For further information conc	erning this matter, please call:
Name of Pe	ar Krnandez at (407) SUG - 6127 Area Code Daytime Telephone Number
Enclosed is a check for the fo	ollowing amount:
□ \$25.00 Filing Fee	\$30.00 Filing Fee & Solution Status Securificate of Status Certified Copy (additional copy is enclosed) Securified Copy (additional copy is enclosed)

MAILING ADDRESS:

X,

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

Monster Fader	
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	iny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number	were filed on March 21, 2011 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabi	lity 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)	and a second
	2
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	- E
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her	ffice address on our records, <u>enter the name of the nev</u> <u>e</u> :
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	City Zip Code
Now Posistaved Agent's Signature if changing Desistaved Agents	

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 = M $AMBR = A$	lanager uthorized Member		
<u>Title</u>	<u>Name</u>	<u>Address</u> <u>Tyr</u>	oe of Action
MGR	Evamur Hernandez	832 Country Circle Apt Do	Add
		832 Country Circle Apt Do Kissimmel, FL 34744	Remove
			Change
		0	Add
			Remove
			Change
			Add T Remove
			Change
			Remove
			Change
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ffective date	, if other than the date e is listed, the date must be s	of filing:	t be prior to date of t	filing or more than	(optiona	D Pursuant to	605.0207
Note: If the da	ite inserted in this block of ective date on the Depart	loes not meet th	ie applicable statut	tory filing require	ements, this da	te will not.be	listed as
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The 90th d	lay after the record	is filed.					1 squar
Dated	July 22	9	1015				
Jaieu	<u> </u>	worr	2015 nun 1/a	h/			
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	Sign	ature of a membe	er or authorized repre	esentative of a mer	nber		

Page 3 of 3

Filing Fee: \$25.00