LICCOPE SEZ

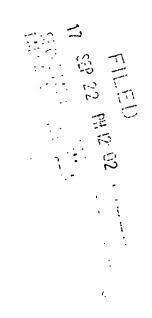
(Re	questor's Name)	
(Ad	dress)	_ · -
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	ocument Number)	· · · · · · · · · · · · · · · · · · ·
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



600302000876

08/30/17--01021--027 ♦♦35.00





August 31, 2017

GUILLERMO GALVAN 7828 NW 44 ST SUITE B SUNRISE, FL 33351

SUBJECT: TONSORIAL CO. LLC. Ref. Number: L11000048362

We have received your document for TONSORIAL CO. LLC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FL CORP, but your entity is a FL LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Dionne M Pijeaux Regulatory Specialist

Letter Number: 517A00018082

TALL ANASSEL FLOSIDA

www.sunbiz.org

COVER LETTER

TO: Registration Se Division of Cor			
CHDIEZE.	Tonsor	ial Co. LLC	
SUBJECT:	Name of Lim	ited Liability Company	
	Amendment and fee(s) are sub- indence concerning this matter		
		Guillermo Galvan	
		Name of Person	*···
	ACCTA:	C Accounting & Tax Services	
		Firm/Company	·····
		7828 NW 44 St. Suite B	
		Address	_
		Sunrise FL 33351	7.7 T
		City/State and Zip Code	
	E-mail address: (ataxser@yahoo.com to be used for future annual report notif	ication)
For further information e	oncerning this matter, please ca		1-3
Guillermo Galvan		954 839.7013	. 02
Name o	f Person	at ()	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: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32344

;

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

	Tonsorial Co.			
(<u>Name of the Limi</u>	ted Liability Company a (A Florida Limited Liabi	s it now appears (lity Company)	n our records.)	
The Articles of Organization for this Limited L	liability Company we	re filed on	04/25/2011	and assigned
Florida document numberL11000048362	<u>. </u>			
This amendment is submitted to amend the following	lowing:			
A. If amending name, <u>enter the new name c</u>	of the limited liability	company here	<u>:</u> :	
N/A				
The new name must be distinguishable and contain the	words "Limited Liability C	Jonipany," the desi	ignacion "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applic	cable:	∛A		
(Principal office address MUST BE A STRE)	ET ADDRESS) _			
Enter new mailing address, if applicable: <u>(Mailing address MAY BE A POST OFFICE</u>	_	N/A		
	_			13
B. If amending the registered agent and registered agent and/or the new registered o		e address on o	our records, <u>enter</u>	the name of the n
Name of New Registered Agent:	Edison Perez			
New Registered Office Address:	2149 N State Road	7		
		Enter Florid	a street address	
	Margate		, Florida <u></u>	063
		Ciţ		Zij) Code

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

Thereby 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 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. Thereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Ag

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>	Type of Action
AMBR	Edison Perez	2149 N State Road 7	⊟ Add
		Margate FL 33063	□ Remove
			Change
MGR	Suero, Thomas S.	1541 NE 33RD Court	
		Pompano Beach, FL 33064	■ Remove
			☐ Change
MGRM	Suero, Rosemary	1541 NE 33RD Court	Add
		Pompano Beach, Fl. 33064	■ Remove
		Change	
	-		Add 2 7
			Change P Change P Change
			Change
			Add
		□ Remove	
			hap.
			
			□ Cha .ge

The name and address of Man	naging Principal and President is:	
Edison Perez	<u> </u>	
2149 N State Road 7, Margate	e FL 33063	
Mr. Edison Perez is the owner	r of the 100% of Capital Contributions.	
		! .c.
		()
		22
	<u> </u>	,
		•
Ffective date, if other than the an effective date is listed, the date must ote: If the date inserted in this bloomment's effective date on the De	t be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605 ock does not meet the applicable statutory filing requirements, this date will not be list	5.020 ed as
e record specifies a delayed The 90th day after the reco	I effective date, but not an effective time, at $12\!:\!01$ a.m. on the earlied ord is filed.	er o
August 25	· · · · · · · · · · · · · · · · · · ·	
	\ . X / A ./ = \	

Page 3 of 3

Filing Fee: \$25.00