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| (Requestor's Name) |
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| · . |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
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SECRETARY OF STATE
TAIL AHASSEF FI ORIDA

K.SALY EXAMINER JAN 1 3 2012

COVER LETTER

TO:

Registration Section

| Division of Co | orporations | | | | |
|-----------------------------|--|---|---|--|--|
| SUBJECT: | MR. H | HAIRCUT LLC | | | |
| | Name of Lim | nited Liability Company | | | |
| The enclosed Articles o | f Amendment and fee(s) are su | bmitted for filing. | | | |
| Please return all corresp | ondence concerning this matte | er to the following: | | | |
| | S | ERGIO J RODRIGUEZ | | | |
| | | Name of Person MR. HAIRCUT LLC | | | |
| | Firm/Company | | | | |
| | 2434 13 TH STREET Address | | | | |
| | | ST. CLOUD, FL 34769 | | | |
| , | R-mail n/drass | City/State and Zip Code OXNYC90@yahoo.com (to be used for future annual report no | ((fication) | | |
| For further information | concerning this matter, please | • | inteation). | | |
| | O J RODRIGUEZ | at (_321) | 746-3521 | | |
| Name (| of Person | Area Code & Dayti | ime Telephone Number | | |
| Enclosed is a check for t | the following amount: | • | | | |
| ✓ \$25.00 Filing Fee | \$30.00 Filing Fee & Certificate of Status | \$55.00 Filing Fee & Certified Copy . (additional copy is enclos | S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) | | |
| Regist Divisi P.O. B | LING ADDRESS: ration Section on of Corporations Box 6327 assee, FL 32314 | STREET/COUI Registration Sect Division of Corp Clifton Building 2661 Executive C | orations Center Circle | | |

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

| FILED | |
|--|---|
| 14 JAN 12 AL | • |
| SECRETARY OF STATE FALLAHASSEE, FLORIDA | |

MR. HAIRCUT LLC

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

| The Articles of Organization for this Limited Liability Florida document number | Company were filed on | 07/26/2011 | and assigned | |
|--|------------------------------|------------------------------|------------------------|--|
| This amendment is submitted to amend the following: | | | | |
| A. If amending name, enter the new name of the lin | mited liability company he | ere: | | |
| A | J'S CUTS LLC | | | |
| The new name must be distinguishable and end with the w "L.L.C." | ords "Limited Liability Comp | any," the designation "Ll | C" or the abbreviation | |
| Enter new principal offices address, if applicable: | | | | |
| (Principal office address MUST BE A STREET ADD | DRESS) | | _ | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered agent and/or the new registered office ad | stered office address on | our records, <u>enter th</u> | | |
| Name of New Registered Agent: | | | | |
| New Registered Office Address: | Er | nter Florida street addre | 288 | |
| | | , Florida | | |
| | City | , 1 10 1 1 1 1 | Zip Code | |
| New Registered Agent's Signature, if changing Register | ed 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 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 or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records: MGR = Manager MGRM = Managing Member Title Name <u>Address</u> Type of Action ☐ Add Remove Remove ☐ Remove ∏Add Remove $\prod Add$ Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated _____ JANUARY 10 _____, ___ 2012 Signature of a member or authorized representative of a member SERGIO J RODRIGUEZ Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00