## L12000089246

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TALLAHASSEE FI

## **COVER LETTER**

го:	Registration Se 'Division of Cor		
SUBJE	ECT:	Los Primos Barbershop, LLC Name of Limited Liability Company	
		Name of Limited Liability Company	
The en	closed Articles of .	Amendment and fee(s) are submitted for filing.	
Please	return all correspo	ondence concerning this matter to the following:	
		Sanly F. Sanchez Name of Person	
		Name of Person	
		Firm/Company	
		323 US Hwy 17 92 Address	
		Address	
		City/State and Zip Code	
		City/state and Zip Code	
		E-mail address: (to be used for future annual report notification)	
For fur	ther information co	concerning this matter, please call:	
,,,=	Samly	f Person Area Code Daytime Telephone Number	<del></del>
	Name of	of Person Area Code Daytime Telephone Number	
Enclose	ed is a check for th	he following amount:	
t \$2	5.00 Filing Fee	☐ \$30,00 Filing Fee & ☐ \$55,00 Filing Fee & ☐ \$60.00 Filing  Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy	f Status & py
	89-285 A 1.J	Can La Addin min	
	Mailing Address Registration S		
	Division of C	Corporations Division of Corporations	
	P.O. Box 632	The Centre of Tallahassee	

Tallahassee, FL 32314

TO:

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LOS PRIMOS BARBERSHOP 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 Company were filed on  $\frac{07/10/2012}{}$ \_\_\_ and assigned Florida document number \_\_\_\_\_L12000089246 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address \_\_\_\_, Florida \_\_\_\_

## 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.

City

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	Ty	pe of Action
MGR	SAMLY F. SANCHEZ		323 US HWY 1792		□Add
			HAINES CITY, FL. 33844		■Remove
					□Change
AMBR	E & I CHAMPION INVESTMENTS	LLC	1147 MYSTERY CIR		<b>≅</b> Add
			DAVENPORT, FL. 33837		□Remove
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