

L12 000 120 180

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐ WAIT

☐ MAIL

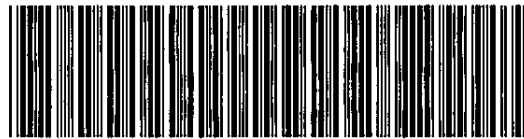
(Business Entity Name)

(Document Number)

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## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: iCUTZ BARBERSHOP,LLC**  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

**MOISES A. HERNANDEZ**

Name of Person

**iCUTZ BARBERSHOP,LLC**

Firm/Company

**6010 SOUTH DIXIE HIGH**

Address

**SOUTH MIAMI,FL. 33143**

City/State and Zip Code

**iCUTZBSHOP@GMAIL.COM**

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**RAY KHAKPOUR OR JOHN LARGINS** at **786 760-0048/ 203-8249**

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|--|--|--|--|

**MAILING ADDRESS:**  
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

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TALLAHASSEE, FL 32301

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

**ICUTZ BARBER SHOP,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 09/20/2012 and assigned  
Florida document number L12000120180

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 end with 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)**

6010 SOUTH DIXIE HIGHWAY  
SOUTH MIAMI, FL. 33143

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

6010 SOUTH DIXIE HIGHWAY  
SOUTH MIAMI, FL. 33143

**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:**

6010 SOUTH DIXIE HIGHWAY

*Enter Florida street address*

SOUTH MIAMI, Florida 33143

*City*

*Zip Code*

**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 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**

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	JANET JIMENEZ	18975 COLLINS AVE.APT#101 SUNNY ISLES ,FL. 33160	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
MGR	JOHN LARGINS JR.	8887 SW 220TH PLACE CUTLER BAY,FL. 33190	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
MGR	ALIREZA RAY KHAKPOUR	10041 SW 83 CT. MIAMI,FL. 33156	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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OFFICE OF THE SECRETARY  
TALLAHASSEE, FLORIDA

**D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**

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Dated NOVEMBER 25, 2013

  
Signature of a member or authorized representative of a member

**MOISES A. HERNANDEZ**

Typed or printed name of signee

**Page 3 of 3**

**Filing Fee: \$25.00**

**FILED**

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TALLAHASSEE, FLORIDA**