L13000017045

| (Re | equestor's Name) | |
|-------------------------|--------------------|-----------------|
| (Ac | ldress) | |
| (Ac | ldress) | |
| (Cit | ty/State/Zip/Phone | ; #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nan | ne) |
| (Do | ocument Number) | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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SECRETARY CLISTATE
TALLAHASSEE, FLORIDA

013 DEC -2 AM II: 5 &

CEC - 4 2013 T. HAMPTON

COVER LETTER

TO:

Registration Section Division of Corporations

MAILING ADDRESS:

Division of Corporations

Registration Section

P.O. Box 6327 Tallahassee, FL 32314

| | Name of Emple | a Liability Company | |
|-----------------------------|---|--|--|
| | mendment and fee(s) are submendence concerning this matter to | - | |
| | Henry Sanch | Q. 2 Name of Person | |
| | 11205 51110 | Firm/Company | |
| _ | 4385 SW 10- Deerfield BC | Address Address | |
| | | City/State and Zip Code Le 2 @ COL COH be used for future annual report notification | on) |
| For further information con | cerning this matter, please cal | | |
| Gregory Es | trada Person | at (951) 214-55 Area Code & Daytime Tele | ephone Number |
| Enclosed is a check for the | following amount: | | |
| \$25.00 Filing Fee | □\$30.00 Filing Fee & Certificate of Status | □\$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | Certificate of Status & . Certified Copy (additional copy is enclosed) |

STREET/COURIER ADDRESS:

2661 Executive Center Circle Tallahassee, FL 32301

Registration Section Division of Corporations Clifton Building



FLORIDA DEPARTMENT OF STATE Division of Corporations

RECEIVED

13 DEC -2 PM 3:30

SECRETARY OF STATE TALLAHASSEE, FLORIDA

November 14, 2013

KENNY SANCHEZ 4385 SW 10TH PL # 201 DEERFIELD BEACH, FL 33442

SUBJECT: G B BARBER, LLC Ref. Number: L13000017045

We have received your document for G B BARBER, LLC. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$25.00. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

Please return 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.

Tammy Hampton Regulatory Specialist III

Letter Number: 813A00026403

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF (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 2/1/13 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 "Lin"L.L.C." | nited Liability Company," t | he designation "LLC" or the abbreviation |
|---|-----------------------------|--|
| Enter new principal offices address, if applicable: | | eral Highway Suite A |
| (Principal office address MUST BE A STREET ADDRESS) | Deerfield Bo | h H 33441 |
| Enter new mailing address, if applicable: | 700 8 Feder | a Highway Sufe A |
| (Mailing address MAY BE A POST OFFICE BOX) | Deerfield & | ch f1 33441 |
| B. If amending the registered agent and/or registered or registered agent and/or the new registered office address he | | ecords, enter the name of the new |
| Name of New Registered Agent: | + | |
| New Registered Office Address: | | |
| | Enter Fl | orida street address |
| | City | , Florida Zip Code |
| | 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 amenting 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> | | Type of Action |
|--------------|---------------|------------------------|--------------------------------------|
| <u> MGR</u> | Kenny Sanchez | 43858W 10th PL#201 | _ Add |
| | | Deeffield Boh P1 38442 | Remove |
| | | | _ |
| | | | _ Add |
| | | | Remove |
| | | | _ |
| | | | Add |
| | | | Remove |
| | | AIS | 20[|
| | | TALLAHASS | Add To Remove |
| | | Lul Lul | Remove. |
| | | | Remove Remove Signature Add |
| | | | Remove |
| | | | _ |
| | | | Add |
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| If amending | any other information, enter change(s) here: (Attach additional sheets, if necessary.) |
|----------------|--|
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| <u> </u> | 12 |
| ed <u>11-5</u> | -13 . |
| | Note that the same of the same |
| | Signature of a member or authorized representative of a member |
| | Henry Strickez |
| | Typed or printed name of signee |

Page 3 of 3

Filing Fee: \$25.00

FILE D 2013 DEC -2 MIL: 56 SECRETARY OF STATE