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B. BOSTICK

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#### **COVER LETTER**

TO: Registration Section
Division of Corporations

THE BARBERS CLUB, 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:

## Eduardo Santos

Name of Person

Firm/Company

10501 W BROWARD BLVD, APT, #107

Address

Plantation, FL 33324

City/State and Zip Code

edsantos710@gmail.com

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

For further information concerning this matter, please call:

**Eduardo Santos** 

954<sub>683</sub>-7857

Name of Person

Area Code & Daytime Telephone 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)

□\$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 32314

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

### THE BARBERS CLUB, LLC

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

This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited l	Ing name, enter the new name of the limited liability company here:  B BARBER CLUB, LLC  must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation incipal offices address, if applicable:		
EDMUNDS BARBER CLUB, LLC			
The new name must be distinguishable and end with the words "L.L.C."	imited Liability Company	"the designation "LLC"	or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	1 7 2 2	5 · ·
		profit is to the	Ç
			÷
Enter new mailing address, if applicable:		<u> </u>	Ġ.
(Mailing address MAY BE A POST OFFICE BOX)			713
		z=	क्)
	<del></del>		Approx.
B. If amending the registered agent and/or registered registered agent and/or the new registered office address I  Name of New Registered Agent:		records, enter the r	name of the nev
New Registered Office Address:	Fnter	Florida street address	
	zamer		
<del> </del>	City	, FIORIDA Z	ip Code
New Registered Agent's Signature, if changing Registered Age	ent:		-
	mplete performance of as provided for in 1	my duties, and $I$ am for $F.S.$ Or, if the	amiliar with and is document is

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 = Mar MGRM = M	nager lanaging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			Remove
<del></del>			Add
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			Add
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			Remove
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If ame	nding any other information, enter change(s) here: (Attach additional sheets,	, if necessary.)
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_		
ed	1/1/2014,	
	Signature of a member or authorized representative of a member	ber
	EDUARDO SANTOS  Typed or printed name of signee	M. M. Carlot
	Page 3 of 3	
	Filing Fee: \$25.00	TALL PACE
		64 77 -
		: ± :