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To:

Division of Corporations

Fax Number

Page: 2 of 8

: (850)617-6383

From:

Account Name : TAX ZONE INC. Account Number : 120190000044 Phone : (407)888-3131 Fax Number : (888)453-0509

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Enall Address: accountant at exercit. Com

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN EMINENT ARTISTRY LLC

Certificate of Status	0
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022 APR 18 PH 3: 53

2022 APR 18 ATT 11:56

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Corporate Filing Menu

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## (((H220001290783))) COVERLETTER

	egistration Sec ivision of Corp			
eun tr <i>e</i> r		ARTISTRY LLC		
SUBJECT		Name of Limi	ted Liability Company	
The enclos	ed Articles of a	Amendment and fee(s) are sub-	mitted for filing.	
Please retu	m all correspon	ndence concerning this matter	to the following:	
		ED KOTLER		
		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Name of Person	
		TAX ZONE INC		
			Firm'Company	<u>, , , , , , , , , , , , , , , , , , , </u>
		8865 COMMUNITY CIR		
			Address	
		ORLANDO, FL 32819		
			City/State and Zip Code	
		ACCOUNTANT@TAXZO	NEFL.COM to be used for future annual report not	rification)
n. CAlice	. 1	oncerning this matter, please of		,
For further	information c	micerning this made, prease of		
ED KOTL	ER.		407 8883131 at () Area Code Daytin	
	Name o	f Person	Area Code Daytir	ne Telephone Number
Enclosed i	s a check for th	ne following amount:		
<b>⊠</b> \$25.00	) Filing Fee	☐ \$30.00 Fiting Fee & Certificate of Status	(additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
<u>N</u> R	<u>lalling Addres</u> Legistration S	<u>ssr</u> Section	Street Address: Registration S	

Mulling Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassec, Fl. 32314

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## (((+220001290783))) ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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EMINENT ARTISTRY LLC				
(Name of the Limited (A)	Jability Company as it now Florida Limited Liability Com	nuny)		
The Articles of Organization for this Limited Liabi Florida document number <u>L14000002001</u>	lity Company were filed	on 01/06/2014	and assign	ed
This amendment is submitted to amend the followi	ng:			
A. If amending name, enter the new name of th	e limited liability compa	iny here:		
24k Barber Lounge LLC				
The new name must be distinguishable and contain the werds	s "Limited Liability Company	"the designation "LLC" or the a	bbreviation "L.L.C	n
Enter new principal offices address, if applicable	e:			<del></del>
(Principal office address MUST BE A STREET A	(DDRESS)			- <del></del>
Enter new mailing address, if applicable:	<del>و دوره در دورو</del> م			
(Mailing address MAY BE A POST OFFICE BO	<u> </u>			
	A	and the state of t		
B. If amending the registered agent and/or registered office address h	stered office address on <u>tere</u> :	our records, enter the nat	ne of the new r	egistered
Name of New Registered Agent:				<del>;-</del>
New Registered Office Address:			022	<del></del>
	Ex	uer Florida sureet address , Floridu	2022 APR	<u> </u>
-	City	, Florida _	: Zip Cod 🗪	が流
New Registered Agent's Signature, if changing Reg			PH	Age A
I hereby accept the appointment as registered a provisions of all statutes relative to the proper accept the obligations of my position as registe being filed to merely reflect a change in the reg company has been notified in writing of this ch	and complete performa red agent as provided f gistered office address, i	nce of my duties, and I am or in Chapter 605, F.S. Oi	i familiar wifh o r, if this đ <b>oc</b> um	and ent is

(((+122000 129 678 3)))
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

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Title	Name	Address	Type of Action
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