L/4000020592

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COVER LETTER

TO: Registration Sec Division of Corp			
manc	ave barbering	LLC	
SUBJECT:	Name of Lim	ited Liability Company	- A
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	robert mccla	nry	
		Name of Person	
	mancaye ba	rbering	
	·	Firm/Company	
	444 druid cii	cle	
		Address	
	ormond bea	ch Fl 32176	
		City/State and Zip Code	
	urbanbarbering@		20 E
	•	to be used for future annual report notifical	
For further information co	oncerning this matter, please ca	all:	AHASSE
robert mccl	ary	_{at} 386 212-65	1) til
Name of Enclosed is a check for the		Area Code Daytime Te	Stephone Number FLORIDA
	_	E #65 00 ET E - 4	F1 600 00 F11 F
■ \$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

mancave barbering llc		
(<u>Name of the Limited</u> (A	Liability Company as it now appears on our record Florida Limited Liability Company)	<u>s.</u>)
The Articles of Organization for this Limited Liab Florida document number L14000020592	oility Company were filed on jan 5, 2014	and assigned
This amendment is submitted to amend the follow	ving:	
A. If amending name, enter the new name of t	he limited liability company here:	
Urban Barbering LLC		
The new name must be distinguishable and end with the wo	ords "Limited Liability Company," the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicab	ole:	
(Principal office address MUST BE A STREET	ADDRESS)	12 D
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	OX)	IO PH & 20 NRY OF STATE SSEE, FLORID
B. If amending the registered agent and/or		s, enter the name of the new
registered agent and/or the new registered offic	ce aggress nere:	
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addres	is s
	100	
	City	orida 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 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.

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			Add
			☐ Remove
		 	Add
			□ Remove
			20 Ref to Remove PH
			OF STATE ORIO
			Remove
			Add
			Remove
			☐ Add
			☐ Remove

). If amending any other information, enter change(s) here: (Attack	h additional sheets, if necessary.)
The effective date, if other than the date of filing: (The effective date must be specific, cannot be prior to date of receipt or filed date and the date this document is filed by the Florida Department of State)	(optional) d cannot be more than 90 days after
Dated january 7 2014	\
Set McClour	
Signature of a member or authorized representation	esentative of a member
robert mcclary	
Typed or printed name of	signee

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Filing Fee: \$25.00

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