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2014 EPR 16 EM 1: 35

COVER LETTER

Division of Corp				
SUBJECT: ES	mi Flow BAR			
	Name of Limit	ted Liability Company		
The enclosed Articles of A	Amendment and fee(s) are subr	nitted for filing.		
Please return all correspon	ndence concerning this matter t	to the following:		
		Name of Person	•	
	DC Account	ting Services t	4	
		-Firm/Company		
	24156 Sta	te Rd 54 St	<u>c/</u>	
		Address		
	Lutz	FL 33559		
	1	City/State and Zip Code		
	dcruzo dc E-mail address: (t	OCCOUNTING ON 100 OF USED OF LINE AND A STATE OF THE COUNTY OF THE COUNT	COM fication)	
For further information co	oncerning this matter, please ca	ıll:	·····	
David Cruz	2	at(813) 345,8	2603 e Telephone Number ASS	es bajor-
Name of	Person	Area Code Daytime	e Telephone Number	same sametr g l
			255 16	
Enclosed is a check for th	e following amount:		5.7.53 	1 i
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified Copy (additional copy is enclosed)	\$100 p

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

Es Mi Flow &	Barbershop LLC
(Name of the Limited Liabili (A Florida	ty Company as it now appears on our records.) a Limited Liability Company)
The Articles of Organization for this Limited Liability C Florida document number $\bot 140000 4108$	Company were filed on $3/12/20/4$ and assigned 6 .
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lim	ited liability company here:
· · · · · · · · · · · · · · · · · · ·	-
The new name must be distinguishable and end with the words "Li	mited 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 ADD)	RESS)
	<u> </u>
Enter new mailing address, if applicable:	The second secon
(Mailing address MAY BE A POST OFFICE BOX)	Compare to the contract of the
	O
B. If amending the registered agent and/or regis registered agent and/or the new registered office add	stered office address on our records, enter the name of the new lress here:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	City Zin 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:

MGR = Manager

<u>Title</u>	<u>Name</u>	Address	Type of Action
MARM	Moises Ceuz	2488 Brownward Drive	Add
		2488 Brownwood Drive Mulberry FL 33860	□ Remove
 			D Add
			□ Remove
			Add Remove 16
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the date this document is filed by the Florida Department of State)	(optional) d cannot be more than 90 days after
he date this document is filed by the Florida Department of State)	(optional) d cannot be more than 90 days after
ffective 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) Dated	
ated _ A PRI _ 14 , 2014 .	

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SECRETARY OF STATE