114000050883

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COVER LETTER

то:	Registration Se Division of Cor					
SUBJE	Corre	rbershop, LLC				
JOBJIA			nited Liability Company			
		Amendment and fee(s) are sub	<u>-</u>			
	nan an sorrespe	Samuel Martinez	to the following.			
			Name of Person			
			Firm/Company			
		5109 NW 39th Ave Ste D				
			Address			
		Gainesville, FL 32606				
		City/State and Zip Code labasuca10000@gmail.com				
		E-mail address: (to be used for future annual report notif	fication)		
For furth	er information c	oncerning this matter, please c	all:			
Samuel	Martinez		305 290-9385			
Name of Person		f Person	Area Code Daytime	e Telephone Number		
Enclosed	is a check for th	ne 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 Addres	<u>s:</u>	Street Address:			

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Js 503 Barbershop, LLC (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 04/01/2014 and assigned Florida document number L14000050883 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Js 503 Barbershop of Gainesville, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation, "E.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) cn Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address , Florida

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.

City

If Changing Registered Agent, Signature of New Registered Agent

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
-			□Add
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ran effective date is listed, the date mi	thate of filing:	5.0207 (3) ted as the
record specifies a delayed effective in the filed.	e date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after —	er the
	2024	
July 10th ated		
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Filing Fee: \$25.00