

L14000108943

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

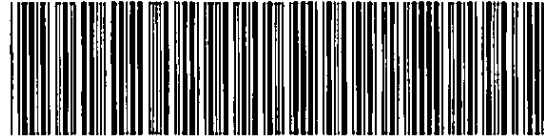
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MAY 21 2019



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 8, 2019

RYAN AMORUSO
BOB'S BARBERSHOP LLC
3485 SE DIXIE HWY
STUART, FL 34997

SUBJECT: BOB'S BARBERSHOP LLC
Ref. Number: L14000108943

We have received your document for BOB'S BARBERSHOP LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Stacy Prather
Regulatory Specialist III

Letter Number: 119A00009286

RECEIVED
MAY / 9 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Bob's BARBERSHOP 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:

Ryan AMORUSO
Name of Person

Bob's BARBERSHOP LLC
Firm/Company

3485 SE DIXIE Hwy
Address

STUART FL 34997
City/State and Zip Code

NANAAMORUSO@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ryan Amoruso at (772) 201-8473
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input checked="" type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

Bob's BARBER SHOP 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 07/10/2014 and assigned Florida document number L14000108943

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited 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 ADDRESS)

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: RYAN A. AMORUSO

New Registered Office Address: (same) 3485 S.E. DIXIE HWY

Enter Florida street address

STUART

City

Florida 34997

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.

Ryan A. Amoruso

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>	<u>Address</u>	<u>Type of Action</u>
MGR	Ryana Amoroso	3485 SE Dixie Hwy, STUART FL 34997	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ROBERT AMOROSO	3485 SE DIXIE Hwy	<input type="checkbox"/> Add
		STUART FL 34997	<input checked="" type="checkbox"/> Remove
		6603 SW BUSCH ST	
		PALM CITY, FL 34990	<input type="checkbox"/> Change
MEMBER	Sharon Ann Amoroso	3485 SE Dixie Hwy	<input type="checkbox"/> Add
		STUART FL 34997	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Ryan Brown
Signature of a member or authorized representative of a member

Ryan A MORUSO
Typed or printed name of signer