

4400019131
 Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

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To:
 Division of Corporations
 Fax Number : (850)617-6383

From:
 Account Name : CAPITAL PRO SERVICES, LLC
 Account Number : I20220000008
 Phone : (772)249-5273
 Fax Number : (772)264-6100

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

Email Address: reinaldo.delapaz@yahoo.com

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2024 SEP -6 PM 12:22

DEPT OF STATE
 DIVISION OF CORPORATIONS
 TALLAHASSEE, FLORIDA

2024 SEP -6 PM 3:04

FILED

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
 EL REY BARBER SHOP, LLC**

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 01 |
| Estimated Charge | \$25.00 |

COVER LETTER

H 240003039123

TO: Registration Section
Division of Corporations

SUBJECT: EL REY BARBER SHOP 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:

REINALDO DE LA PAZ
Name of Person

EL REY BARBER SHOP LLC
Firm/Company

416 POPLAR AVE
Address

PORT ST LUCIE, FL 34952
City/State and Zip Code

reinaldo.delapaz@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Madjoise G. Ramirez at (772) 249-5273
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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 Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

H 240003039123

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

H240003039123

EL REY 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 07/29/2014 and assigned Florida document number L14000119131

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)

10776 S US HWY 1

PORT ST LUCIE, FL 34952

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:

CAPITAL PRO SERVICES LLC

New Registered Office Address:

1972 SW CAMEO BLVD

Enter Florida street address

PORT ST LUCIE

City

Florida 34953

Zip Code

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2024 SEP -6 PM 3:04

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

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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

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MGR = Manager
AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|---------------------|-------------------------|---|
| MGR | YUNIOR MUNOZ ZAMORA | 985 SW SULTAN DR | <input checked="" type="checkbox"/> Add |
| | | PORT ST LUCIE, FL 34953 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Multiple horizontal lines for entering amendments.

E. Effective date, if other than the date of filing: _____ (optional)

(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) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

Dated SEPTEMBER 5, 2024

[Handwritten Signature]

Signature of a member or authorized representative of a member

REINALDO DE LA PAZ

Typed or printed name of signee

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