

L14 000 168773

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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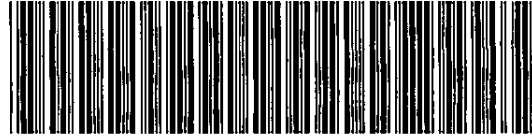
(Business Entity Name)

(Document Number)

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2015 DEC 11 AM 11:59  
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TALLAHASSEE, FLORIDA

N. GUNTER DEC 12 2015

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** THEBARBERSHOP941 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:

J. KEVIN DRAKE, ESQ.

Name of Person

J. KEVIN DRAKE, P.A.

Firm/Company

1432 FIRST STREET

Address

SARASOTA, FL 34236

City/State and Zip Code

RUDYSUNLESS@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

J. KEVIN DRAKE, ESQ.

941

954-7750 X 108

at ( )

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/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

FILED  
2015 DEC 11 AM 11:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

THEBARBERSHOP941 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 OCTOBER 29, 2014, and assigned  
Florida document number L14000168773.

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:

2813 PROCTOR ROAD

(Principal office address MUST BE A STREET ADDRESS)

SARASOTA, FL 34231

Enter new mailing address, if applicable:

2813 PROCTOR ROAD

(Mailing address MAY BE A POST OFFICE BOX)

SARASOTA, FL 34231

**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:

RUDY HARP

New Registered Office Address:

2813 PROCTOR ROAD

*Enter Florida street address*

SARASOTA

*City*

Florida 34231

*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 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>
MGRM	JOSEPH CONTORNO	1112 GULF OF MEXICO DRIVE	<input type="checkbox"/> Add
		APT. #209	<input checked="" type="checkbox"/> Remove
		LONGBOAT KEY, FL 34228	<input type="checkbox"/> Change
			<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
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