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(Requ	uestor's Name)	
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SECRETARY OF STATE

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D. BRUCE DEC 29 2016

COVER LETTER

TO: Registration Sec Division of Corp		
	s Cutts Barbershop, LLC	
SUBJECT:	Name of Limited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are submitted for filing.	
Please return all correspon	ndence concerning this matter to the following:	
	Jayson Thompson	
	Name of Person	
	Gentlemen's Cutts Barbershop	
	Firm/Company	
	10915 Marcy Plaza	
	Address	
	Omaha NE 68154	
	City/State and Zip Code	2016 SEC
	TCN.JAYSON@gmail.com	
For further information co	E-mail address: (to be used for future annual report notification) oncerning this matter, please call:	PLE DEC 27 F CRETARY OF LAHASSEE, I
Jayson Thompson	305 942-7735 at ()	
Name of		Number
Enclosed is a check for th	ne following amount:	
□ \$25.00 Filing Fee	Certificate of Status 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

Gentlemen's Cutts Barbershop, LLC		
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	nany as it now appears on our records.) I Liability Company)	
The Articles of Organization for this Limited Liability Compan	y were filed on January 13, 2015	and assigned
Florida document number L15000007043		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u> </u>	
(Principal office address MUST BE A STREET ADDRESS)		
	7	19. CEC
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Enter now welling address if applicables	ָּהָ קיי	G T
Enter new mailing address, if applicable:		-ir
(Mailing address MAY BE A POST OFFICE BOX)		
		<u> </u>
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he		er the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida _	
	City	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>	Type of Action
AMBR	Calvin Foster	1910 WELLS ROAD, UNIT OC31	Add
		ORANGE PARK, FL 32073	■ Remove
			Change
AMBR	Jayson Thompson	1910 WELLS ROAD, UNIT OC31	
		ORANGE PARK, FL 32073	■ Remove
			Change
AMBR	lheoma I Thompson	1910 WELLS ROAD, UNIT OC31	∤ □ Add
		ORANGE PARK, FL 32073	SE ZE Remove
			Change
MGR	Jayson Thompson	TOTAL WELL & BOAD IDUT OCCI.	D Add
		ORANGE PARK, FL 32073	Remove
			Change
MGR	IHEOMA I THOMPSON	1910 WELLS ROAD, UNIT OC31	
		ORANGE PARK, FL 32073	■ Remove
		·	☐ Change
MGR	THOMPSON CONSULTING NETWORK, LLC	1910 WELLS ROAD, UNIT OC31	■ Add
	NETWORK, LLC	ORANGE PARK, FL 32073	□ Remove
			Change

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Effective date, if fan effective date is l	listed, the date mus	t be specific ar	nd cannot be	prior to date o	f filing or mor	than 90 days a	o tional) fter filing.) Pu	suant to 6	05.0207
Note: If the date in document's effective					utory filing i	equirements,	this date will	not be li	sted as
		•							
ne record speci	fies a delayed	effective	date, bu	t not an ei	fective tin	ne, at 12:0:	1 a.m. on	the ear	lier of
The 90th day									
			4.3	17					
Dated	ECEMBER	21	<u>- 20</u> ,	<u>/6</u>					
			•						

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00