

45000102500

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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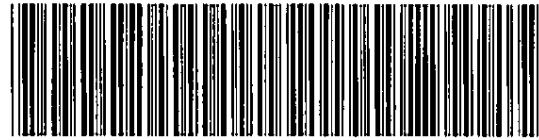
(Business Entity Name)

(Document Number)

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JAN 11 2021  
S. YOUNG

2020 NOV 23 PM 6:23

FILED

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: SPITFIRE FADES, 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:

Wilfredo PERRANO  
Name of Person

WAY, LLC  
Firm/Company

61 37<sup>th</sup> AVE NE  
Address

NAPLES FL 34120  
City/State and Zip Code

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

For further information concerning this matter, please call:

WILFREDO PERRANO at (239) 645-3057  
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

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

SPITFIRE FADES, 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 06/11/2015 and assigned  
Florida document number L15000102500

2023 NOV 23 PM 6:23  
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This amendment is submitted to amend the following:

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

SPITFIRE FADES BARBERSHOP LLC

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)**

1020 DEL PRADO BLVD. S.

SUITE C

CAPE CORAL, FL 33990

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

601 37TH AVE NE

NAPLES, FL 34120

**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:

WILFREDO PERAZANO JR

New Registered Office Address:

1020 DEL PRADO BLVD S. SUITE C

Enter Florida street address

CAPE CORAL

City

Florida

33990

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.

\* Wilfredo Perazano Jr  
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	Joseph Lefebvre	2121 SW 20th Ave	<input type="checkbox"/> Add
		Cape Coral, FL 33991	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Jessica D Lefebvre	2121 SW 20th Ave	<input type="checkbox"/> Add
		Cape Coral, FL 33991	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	WILFREDO PERAZO	601 37TH AVE NE	<input checked="" type="checkbox"/> Add
		NAPER, FL 34120	<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
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			<input type="checkbox"/> Change

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(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.

4 W. Fred [Signature]  
Signature of a member or authorized representative of a member

✓ WILFRED FERRAND  
Type or printed name of signee