L15000102964

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COVER LETTER

	istration So ision of Cor	ection rporations '		
SUBJECT:	GEOFF	S BARBER SHOP I	_LC	
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	l Articles of	Amendment and fee(s) are sub	mitted for filing.	
		ondence concerning this matter	-	
		MARSHA SIHA		
			Name of Person	
		INCFILE.COM LLC	C	
			Firm/Company	
		134 VINTAGE PAF	RK BLVD A-50	
			Address	
		HOUSTON TX 770	70	
			City/State and Zip Code	
		MARSHA@INCFILE	 COM to be used for future annual report notifical 	tion)
For further in	nformation c	oncerning this matter, please ca	all:	
MARSHA	A SIHA		888 \ 462-3453)	X 701
	Name o	f Person	at () Area Code Daytime Te	elephone Number
Enclosed is a	check for th	ne following amount:		
■ \$25.00 Fi	iling 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)
	Registr Divisio P.O. Bo	ING ADDRESS: ation Section on of Corporations ox 6327 assee, FL 32314	STREET/COURIER Registration Section Division of Corporatio Clifton Building 2661 Executive Center	ons

Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GEOFF'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 06/12/2015 and assigned Florida document number <u>L15</u>000102964 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 end with 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: New Registered Office Address: Enter Florida street address

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.

City

If Changing Registered Agent, Signature of New Registered Agent

, Florida

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = M AMBR = A	lanager .uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			Remove
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			T PH Add O Remove
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Article IV AMBI	R address should be
4515 DEL PRA	DO BLVD. SOUTH UNIT 1,
CAPE CORAL	FL 33904
he effective date must be specific, canno	ot be prior to date of receipt or filed date and cannot be more than 90 days after
the date this document is filed by the Flo	ot be prior to date of receipt or filed date and cannot be more than 90 days after
The effective date must be specific, cannot	ot be prior to date of receipt or filed date and cannot be more than 90 days after orida Department of State)
The effective date must be specific, cannot the date this document is filed by the Florated June 25	ot be prior to date of receipt or filed date and cannot be more than 90 days after orida Department of State) 2015 Much Caul Signature of a member or authorized representative of a member
The effective date must be specific, cannot the date this document is filed by the Florated June 25	ot be prior to date of receipt or filed date and cannot be more than 90 days after orida Department of State) 2015 Mucaul

Page 3 of 3

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