

**L15000138961**

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(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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TALLAHASSEE, FLORIDA

OCT 03 2017

Y SULKER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: MAN CAVE BARBERSHOP AND SPA, 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:

NEW PERSON

Lacy \$Prince Linzy

Name of Person

Firm/Company

4530 W Village Dr

Address

Tampa, FL 33624

City/State and Zip Code

TheManCavebs@gmail.com

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

For further information concerning this matter, please call:

NEW PERSON

Lacy Linzy

at (813)

616-0736

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**

MAN CAVE BARBERSHOP AND SPA

(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 08/13/2015 and assigned  
Florida document number L15000138961

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

NEW INFO 4530 W Village Dr  
Tampa, FL 33624

**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 INFO

Lacy Linzy

New Registered Office Address:

4530

W Village Dr

Enter Florida street address

Tampa

Florida

33624

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.*

(Signature)  
**If Changing Registered Agent, Signature of New Registered Agent**

**MGR = Manager**  
**AMBR = Authorized Member**

LINA PAYNE		28953 STATE ROAD 54	<input type="checkbox"/> Add
		WESLEY CHAPEL, FL 33543	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Prince Linzy	4530 W Village Dr	<input checked="" type="checkbox"/> Add
	NEW PERSON	Tampa, FL 33624	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Lacy Linzy	4530 W Village Dr	<input checked="" type="checkbox"/> Add
		Tampa, FL 33624	<input type="checkbox"/> Remove
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Dated

Signature of a member of authorized representative of a member.

NEW OWNER

Lady Linzu 3 Prince. Linzu

Typed or printed name of signer.