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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
(Bı	usiness Entity Nam	e)
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Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
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SECURITY OF SIGN

INN 05 20.3

COVER LETTER

TO: Registration Se Division of Cor			
	Razors LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Juana B. Montalban		
	-	Name of Person	
	Scissors N' Razors		
		Firm/Company	
	101N. Clematis Street		
		Address	 _
	West Palm Beach Florida	a 33401	
		City/State and Zip Code	
	montalbj@gmail.com E-mail address: (i	to be used for future annual report notifica	ution) and man
For further information c	oncerning this matter, please ca	all:	
Juana B. Montalban		561 713-4944	The state of the s
	f Person	Area Code Daytime T	elephone Number
Enclosed is a check for the	_		و الله
\$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

Scissors N' Razors LLC			·	
		iny as it now appears on e Liability Company)	our records.)	
The Articles of Organization for this Limited L	ability Company	were filed on		and assigned
Florida document number <u>150000</u>	1199		·	
This amendment is submitted to amend the following	owing:			
A. If amending name, enter the new name of	the limited liab	ility company here:		
N/A				
The new name must be distinguishable and contain the w	ords "Limited Liabi	lity Company," the designa	ition "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applic	able:	101 N. Clematis Stre	eet Suite #111	
(Principal office address MUST BE A STREE		West Palm Beach Flo	orida 33401	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<u>BOX)</u>	N/A		
B. If amending the registered agent and/registered agent and/or the new registered of Name of New Registered Agent:	•	<u>e</u> :	records, enter	the name of the nev
	101 N. Charact	is Street Suite#111		- 1
New Registered Office Address:	TOT N. Cleman	Enter Florida st	reet address	Areas
	West Palm Bea	ach	, Florida 3	401)
	· · · · · · · · · · · · · · · · · · ·	City	C; 1	-Zip Code
New Registered Agent's Signature, if changing I	Registered Agent:		τ. Τ	<u> </u>

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.

Juana Montalban

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>	Address	Type of Action
MGR	JUANA MONTALBAN	101 N. Clematis Street Suite #111V	Add
	·		□ Remove
			Change
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