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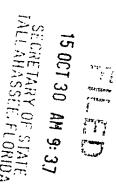
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COVER LETTER TO: Registration Section .: **Division of Corporations** The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Firm/Company E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:

□ \$55.00 Filing Fee &

Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

☐ \$30.00 Filing Fee &

Certificate of Status

Enclosed is a check for the following amount:

□ \$25.00 Filing Fee

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

□ \$60.00 Filing Fee,

Certified Copy (additional copy is enclosed)

Certificate of Status &

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

Barber n Beauty Salon LLC

(A Florida Limited L	Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 10/26/20	o 15 and assigned
Florida document number 15000181509	•	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or t	he 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 of		ter the name of the new
registered agent and/or the new registered office address here	* *	5 0 C
Name of New Registered Agent:		TANK ANSO
New Registered Office Address:		
	Enter Florida street address	5 9 5
	, Florida	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	City	→ Zip Code
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete j		
accept the obligations of my position as registered agent as n		

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 Title Name Address **Type of Action** Michelle Maxwell 1054 NE 215 St. Mamifl 33179 Gradd SAMA ☐ Remove ☐ Change AMBR Richard Gayle 1054 NE 215 S. Macmi F1 33179 BAdd □ Remove _ Change □ Add Remove __□ Change □ Add ☐ Remove □ Change □ Add ☐ Remove _□ Change □ Add ☐ Remove

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