12/20/21, 3:00 PM

Division of Corporations

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000462225 3)))



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**Note:** DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.

Account Number : I20000000146 Phone : (305)444-4994 Fax Number : (305)328-4774

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

| Email | Address: |  |  |  |
|-------|----------|--|--|--|
|-------|----------|--|--|--|

### LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BARBERSHOP'S FINEST LLC

| Certificate of Status | 0       |
|-----------------------|---------|
| Certified Copy        | 0       |
| Page Count            | 04      |
| Estimated Charge      | \$25.00 |

DEC 2 1 2021

S. PRATHER

Electronic Filing Menu Corporate Filing Menu

Help

From: Yanet Avila

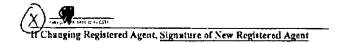
## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION OF

| BARBERSHOP'S FINEST LLC   | •  |   |                                       | 77.0                  |
|---|--|---|---------------------------------------|-----------------------|
| (Name of the Lim  | Ited Liability Compa<br>(A Florida Limited I | ny as it now appears on<br>liability Company) | our records.)                         | LOR LOR               |
| The Articles of Organization for this Limited I<br>Florida document number L15000207221 | Liability Company                            | were filed on 12/14/2                         | 2015                                  | and assigned          |
| This amendment is submitted to amend the fol  | lowing:                                      |   |                                       |                       |
| A. If amending name, enter the new name of  | of the limited liabl                         | lity company here:                            |                                       |                       |
| The new name must be distinguishable and contain the                                    | words "Limited Liabil                        | ity Company," the design                      | nation "LLC" or the abbre             | eviation "L.L.C."     |
| Enter new principal offices address, if appli   | cable:                                       |   |                                       |                       |
| (Principal office address MUST BE A STRE  | ET ADDRESS)                                  |   |                                       |                       |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)        | (BOX)  |   |                                       |                       |
| B. If amending the registered agent and/or agent and/or the new registered office addre | registered office a<br><u>ss here</u> :      | ddress on our recor                           | ds, enter the name (                  | of the new registered |
| Name of New Registered Agent:   | FELIX GONZA                                  | LBZ NARANJO                                   |                                       |                       |
| New Registered Office Address:  | 3360 CORAL W                                 |   | · · · · · · · · · · · · · · · · · · · |                       |
|   |  | Enter Florida si                              | treet address                         |                       |
|   | MLAMI  |   | , Florida <sup>33145</sup>            |                       |
|   |  | Clty  |                                       | Zp Code               |

New Registered Agent's Signature, if changing Registered Agent:

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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.



# 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

To: -18506176383

| Title | <u>Name</u>            | Address  | Type of Action |
|-------|------------------------|--|----------------|
| MGR   | DAYMARA PORTELA        | 3360 CORAL WAY                                     |                |
|       |                        | SUIT 02  | ■Remove        |
|       |                        | MIAMI FL, FL 33145                                 | □Change        |
| AMBR  | NELSY A. LOBAINA       | 360 CORAL WAY                                      | □Add           |
|       |                        | SUIT 02  |                |
|       |                        | MIAMI FL, FL 33145                                 |                |
| AMBR  | FELIX GONZALEZ NARANJO | 360 CORAL WAY                                      |                |
|       |                        | SUIT 02  |                |
|       |                        | MIAMI FL, FL 33145                                 | Change         |
|       | 11-7-24                | 4 49 4 mm, 180 180 180 180 180 180 180 180 180 180 |                |
|       |                        |  | □Remove        |
|       |                        |  | □Change        |
|       |                        |  | □Add           |
|       |                        |  | □Remove        |
|       |                        |  | Change         |
|       |                        |  | □ Add          |
|       |                        |  | □Remove        |
|       |                        |  | ПСынде         |

From: Yanet Avila

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|  | <del></del>       |             |
|--|-------------------|-------------|
|  |                   |             |
|  |                   |             |
|  |                   |             |
|  |                   |             |
|  |                   |             |
|  |                   |             |
| E. Effective date, if other than the date of filing:  (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.) Pu  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will document's effective date on the Department of State's records.  If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90 | l not be listed ε | as the      |
| record is filed.   | F.c.              |             |
|  | LLA.              | 2021 DEC 20 |
| Dated  | -                 | )<br>C      |
| Dated  | ASSEE             | 20          |
| (X) Opening (* 10,1272,17-9-1-17)  | <u> </u>          | 20 PM 3:    |