L140000 17304

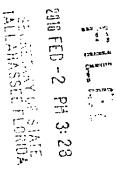
(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

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LEBO3 2016 J. HARRIS

COVER LETTER

TO: Registration S Division of Co			
SUBJECT:	MeLos Bark Name of Lim	Ber Shop LLC ited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
		Alfon 504 Name of Person	
	<u>Melos</u>	Bar Ber Sho Finn/Company	
•		1 CH APL 23/2 Address	
	Orlando Fl	City/State and Zip Code	
		ber Shof 11 (@ 9) to be used for fifture annual reports	
For further information	concerning this matter, please ca	all:	
<u>CAMi Lo</u> Name	Alfonse (4	at (<u>570</u>) <u>578 Area Code Daytin</u>	- 66 42 ne 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)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
			,'
Regist	LING ADDRESS: tration Section on of Corporations	STREET/COUR Registration Section Division of Corpo	on

P.O. Box 6327 Tallahassee, FL 32314 Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Melos BarBers	ility Calmoany as it nov	v appears on our records.)	<u> </u>	
(A Flori	ua Limited Liability Cor	npany)	•	
The Articles of Organization for this Limited Liability	Company were filed	I on Jan 25, 2	20/6_ and assi	gned
Florida document number <u>Liboooo 17304</u>		,		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lin	mited liability comp	oany here:		
The new name must be distinguishable and contain the words "Li	inited Liability Compan	y," the designation "LLC" of	or the abbreyiation "La.L	C."
75				####F−
Enter new principal offices address, if applicable:			25-57 11 22-51 17 17 17 17 17 17 17 17 17 17 17 17 17	Element
(Principal office address MUST BE A STREET ADI	ORESS)			
			<u> </u>	
Enter new mailing address, if applicable:			္ကြင္း မွ	1
••				
(Mailing address MAY BE A POST OFFICE ROX)			35- 40	
B. If amending the registered agent and/or regregistered agent and/or the new registered office ad Name of New Registered Agent:	dress here:	Alfonsei	(A	of the new
New Registered Office Address:	901 titel	ist ct Apt	2312	
•	Orlando	inter Florida street address , Flor	ida <u>328 39</u> Zip Code	<u> </u>
New Registered Agent's Signature, if changing Register	red 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.

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 = A	uthorized Member		
<u>Title</u>	Name	Address	Type of Action
m6R	CAMilo Alfonseca	3901 fitelist et apt Odando FL 32839	Add
•		Odando FL 32839	Remove
			• Change
			□ Add
			□ Remove
			Change
			Add
		F1 1807	□ Remove
			☐ Change
			Add
			Remove Change
			SSID Add
			Remove & Company Compa
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			☐ Remove
			Change

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te: If the date inso	her than the date of ed, the date must be spec erted in this block does date on the Departme	s not meet the applic	able statutory filing	(optiona e than 90 days after filin requirements, this day	l) g.) Pursuant to 605.02 e will not be listed
record specifie	es a delayed effect fter the record is t	tive date, but no		ne, at 12:01 a.m	. on the earlier
ne sour day di	iter the record is i	meu.			
ted 2- 1	<u> </u>	20/6	2		—————————————————————————————————————
	Pour	11/4	_)		
- 4- 	Signatus	re of a technology or auth	ofized representative of	f a member	- 10 m
	Ã	,	on GC (4 cd name of signee		- SS - 1
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Page 3 of 3

Filing Fee: \$25.00