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COVER LETTER

TO: Registration S Division of Co			
SUBJECT:	FADE AWYA	VAZQUEZ BARBERSHOP LLC	2.
50 b) b) 1,	Name of Lir	nited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sul	bmitted for filing.	
	ondence concerning this matter	_	
	10	OEL A. VAZQUEZ	
		Name of Person	· · · · · · · · · · · · · · · · · · ·
	FADE AWY	'A VAZQUEZ BARBERSHOP L	LC.
		Firm/Company	
	2	2206 W. 15 STREET STE B	
		Address	
	PA	NAMA CITY, FLORIDA 32401	
		City/State and Zip Code	
		ADAWAY2408 @GMAIL.COM	
		to be used for future annual report not	(ification)
For further information of	concerning this matter, please c	all;	
JOEL A. VAZQUEZ		850 358-9994 at (
Name of Person			ne Telephone Number
Enclosed is a check for t	he 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)
<u>Mailing Addre</u> Registration :		Street Address:	
Division of C		Registration Sc Division of Co	
P.O. Box 632	27	The Centre of	
Tallahassee.	FL 32314	2415 N. Monro	se Street, Suite 810

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FADE AWYA VAZQUEZ BARBERSHOP LLC. (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 FEBRURY 24, 2016 Florida document number _ L16000039034 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: FADE AWYA VAZQUEZ BARBER & TATTO SHOP LLC. The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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 office address on our records, enter the name of the new registered agent and/or the new registered office address here: JOEL A. VAZQUEZ Name of New Registered Agent: 2206 WEST 15 STREET New Registered Office Address: Enter Florida street address

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.

PANAMA CITY

Cin

If Changing Registered Agent, Signature of New Registered Agent

. Florida

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	JOEL A VAZQUEZ	2206 W. 15 STRRT STE B PANAMA CITY, FL	
			□Remove
			[] Change
			□Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change
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Effective da	ate, if other than the date is listed, the date me date inserted in this l	PIOCK GOES HOL	meet me annie	to date of filing	or more than 90 d filing requireme	_ (optional) ays after filing.) Purents, this date will	suant to 605,020 not be listed a
locument's c	ifies a delayed effect	ive date, but no	t an effective ti	me, at 12:01 a	.m. on the earlie	er of: (b) The 90	th day after the
locument's c			2019	me, at 12:01 a 	.m. on the earlic	er of: (b) The 90	th day after the
record spec d is filed.	ifies a delayed effecti			me. at 12:01 a	.m. on the earlic	er of: (b) The 90	th day after the

Filing Fee: \$25.00