

L16000039034

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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400380786934

02/02/22--01012--007 \*\*25.00

FILED

2022 FEB 22 AM 7:51

SECRETARY OF STATE  
TALLAHASSEE, FL

A. BUTLER  
MAR 2 - 2022

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

**FILED**

Fade Awya Vazquez Barbershop, LLC

2022 FEB 22 AM 7:51

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

SECRETARY OF STATE  
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 02/24/2016 and assigned  
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 Away Vazquez Barbershop, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the 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 office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

*Enter Florida street address*

\_\_\_\_\_, Florida \_\_\_\_\_  
City Zip Code

**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.*

\_\_\_\_\_  
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**

[illegible]

[illegible]

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated January 26, 2022

Typed or printed name of signee

RECEIVED



2022 FEB 22 PM 1:04

FLORIDA DEPARTMENT OF STATE

SECRETARY OF STATE Division of Corporations  
TALLAHASSEE, FL

February 14, 2022

JOEL A VAZQUEZ  
4800 W. HWY. 98  
PANAMA CITY, FL 32401

SUBJECT: FADE AWYA VAZQUEZ BARBER & TATTO SHOP LLC.  
Ref. Number: L16000039034

We have received your document for FADE AWYA VAZQUEZ BARBER & TATTO SHOP LLC. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

This document was previously filed on December 30, 2019.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Anissa Butler  
Regulatory Specialist II

Letter Number: 222A00003626

## Payment Receipt Confirmation

Your payment was successfully processed.

### Transaction Summary

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Description	Receipt Confirmation	
	Amount	
	\$138.75	
Total Amount Paid	\$138.75	

### Customer Information

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Customer Name	Lisa Cotner	Receipt Date	1/26/2022
Local Reference ID	2128045832CC L16000039034	Receipt Time	03:58:44 PM EST

### Payment Information

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Payment Type	Credit Card	Credit Card Number	*****0751
Credit Card Type	VISA	Order ID	4341488

### Billing Information

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Billing Address	10646 Baptist Church Rd, Ste 201	Phone Number	6363333339
Billing City, State	St Louis, MO	This receipt has been emailed to the address below.	
ZIP/Postal Code	63128	Email Address	lisa@askbsquared.com
Country	US		