L1600067643

(Re	equestor's Name)	
(Ac	ldress)	
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(Cir	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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, (Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
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April 18, 2016

RENETTE VEDRINE 6350 NW 41 TERR COCONUT CREEK, FL 33073

SUBJECT: GLASS HOUSE BARBER AND LOUNGE, LLC

Ref. Number: L16000067643

We have received your document for GLASS HOUSE BARBER AND LOUNGE, 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):

The document must be signed by a member or an authorized representative of a member.

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) 245-6051.

Letter Number: 216A00007953

Stacey M Warren Regulatory Specialist II

www.sunbiz.org

COVER LETTER

House Ba	irber and Loun	ge LLC.				
Name of Limi	ted Liability Company					
ndment and fee(s) are subr	nitted for filing.					
ice concerning this matter t	to the following:					
Renet	te Vedrine					
	Name of Person					
Glass to	use Barber and	d Lourge				
Firm/Company						
6350	NW 41 terr					
	Address					
Coconu	+ Creek, Fl	33073				
E-mail address: (t	to be used for fultifre annual report notificat	ion)				
rning this matter, please ca	all:					
Vedtine	at 754, 422-	er and Lourge terr 133073 1.com report notification) 23-0646 Daytime Telephone Number				
Name of Person Area Code Daytime Telephone Number						
llowing amount:						
3 \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy				
	Name of Limitation and fee(s) are substituted an	Address Coconut Creek, H City/State and Zip Code Common Lorent E-mail address: (to be used for future annual report notificate of status) Area Code Daytime Te Coconut Creek, H City/State and Zip Code Common Lorent City/State and Zip Code Common Lorent City/State and Zip Code Common Lorent Common Lor				

TO:

Registration Section Division of Corporations

> MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

G1058-F0-150- Po (Name of the Limited Liabil) (A Florid	ther and lounge 32 38 11 to Company as it now appears on our records.
The Articles of Organization for this Limited Liability (Florida document number <u>L160006764</u>	Company were filed on 4-5-18- 2 and assigned
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the lim</u>	nited liability company here:
-	nited 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 ADD	RESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or regi registered agent and/or the new registered office add	stered office address on our records, enter the name of the new dress here:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida

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.

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 Type of Action **Title** Name Rodnel Vedrine 6350 NW 41 terr

Coconut Creek, F1 MGR 33073 ☐ Remove _□ Change _□ Add □ Remove _□ Change □ Add ☐ Remove _□ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove 26 □ Change Π □ Remove □ Change

, If am	ending any other information, enter change(s) here: .(Attach additional sheets, if necessary.)	
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(If an e	tive date, if other than the date of filing:	1207 (3 I as th
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier a 90th day after the record is filed.	of:
-Dated		
	dentil lederine	•
	Signature of a member or authorized representative of a member	
	Signature of a member or authorized representative of a member Reported Vest Line Typed or printed name of signee	

Filing Fee: \$25.00