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COVER LETTER

Registration Section Division of Corporations

TO:

Clean Cuts	of Saint Augustine, LLC		•
SUBJECT:	Name of Lin	nited Liability Company	<u> </u>
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Elaine Mitchell		
		Name of Person	
	Clean Cuts of Saint Augus	stine, LLC	
		Firm/Company	
	107 King Sago Ct.		
		Address	
	Ponte Vedra Beach, FL 3:	2082	
		City/State and Zip Code	
	support@cleancuts.net		
	E-mail address:	to be used for future annual report noti	fication)
For further information c	oncerning this matter, please o	all:	
Elaine Mitchell		904 982-4937 at ()	
Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is a check for the	ne 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)
Mailing Address Registration	Section	Street Address: Registration Se	
Division of C P.O. Box 632	•	Division of Cor The Centre of T	•
Tallahassee, I			e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Clean Cuts of Saint Augustine, 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 $\frac{9/30/2021}{1}$ and assigned Florida document number 1.16000082534 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 5501 Muskogean St. Enter new principal offices address, if applicable: St Augustine, FL 32092 (Principal office address MUST BE A STREET ADDRESS) 5501 Muskogean St. Enter new mailing address, if applicable: St Augustine, FL 32092 (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: John Preston Tyson Jr. Name of New Registered Agent: 5501 Muskogean St New Registered Office Address: Enter Florida street address St Augustine 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.

City

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
President	John Preston Tyson Jr.	5501 Muskogean St.	= Add
		St Augustine, FL 32092	□Remove
			□ Change
Manager Elaine Mitchell	107 King Sago Ct.	□Add	
	Ponte Vedra Beach, FL 32082	■Remove	
		□Change	
		202 ACT	
		SST Remove	
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