

116000089919

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

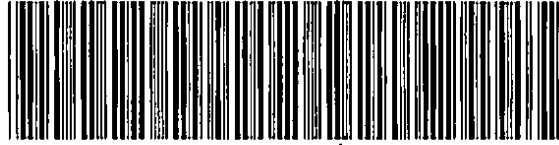
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

S. WARREN

AUG 07 2017



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 13, 2017

JOSE A BRITO PINALES  
1985 NE 163RD STREET  
NORTH MIAMI BEACH, FL 33162

SUBJECT: CIBAO BARBERSHOP LLC  
Ref. Number: L16000089919

We have received your document for CIBAO BARBERSHOP LLC and your check(s) totaling \$30.00. 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.

Stacey M Warren  
Regulatory Specialist II

Letter Number: 517A00014244

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** CIBAO BARBERSHOP LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JOSE A BRITO PINALES

Name of Person

CIBAO BARBERSHOP LLC

Firm/Company

1985 NE 163RD ST

Address

NORTH MIAMI BEACH FL 33162

City/State and Zip Code

cibaosbarbershop@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOSE A BRITO PINALES      786      306-5394  
at (      )  
Name of Person      Area Code      Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|---|---|--|--|

**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**

CIBAO 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 05/06/2016 and assigned  
Florida document number L16000089919

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

Cibao 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:

JOSE A BRITO PINALES

New Registered Office Address:

1341 NE 156TH ST

Enter Florida street address

NORTH MIAMI BEACH

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.*

Jose A Brito P  
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>	<u>Type of Action</u>
AP	CARLOS J GENAO	1951 NE 167TH ST APT 20	<input type="checkbox"/> Add
		N MIAMI BEACH FL 33162	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	JOSE A BRITO PINALES	1341 NE 156TH ST	<input checked="" type="checkbox"/> Add
		N MIAMI BEACH FL 33162	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	CARLOS J GENAO	1951 NE 167TH ST APT 20	<input checked="" type="checkbox"/> Add
		N MIAMI BEACH FL 33162	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

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07/15/2017

**(optional)**

**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.

(b) The 90th day after the record is filed.

JULY 06

2017

Signature of a member or authorized representative of a member

Typed or printed name of signee

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