

Division of Corporations Electronic Filing Cover Sheet



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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN NEW EVOLUTION BARBERSHOP I, LLC

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Electronic Filing Menu

Corporate Filing Menu

Y STHORFE AUG 20 2020

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NEW EVOLUTION BARBERSHO			
(Name of the Limit	ed Liability Commany a: (A Florida Limited Liabil	it now maneurs on our records.) ity Company)	
The Articles of Organization for this Limited U			
Florida document number L16000113030		•	
This amendment is submitted to amend the following			·
A. If amending name, enter the new name o	f the limited liability	company here:	
The new name must be distinguishable and contain the v	ords "Limited Liebility C	Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applic			•
the state was a subsequent with the state of			** A#
			77
			91
Enter new mailing address, if applicable:			T-
(Mailing address MAY BE A POST OFFICE BOX)			
			* * * * * * * * * * * * * * * * * * *
B. If amending the registered agent and/or a agent and/or the new registered office addre	registered office add sa here:	ress on our records, <u>enter the</u>	name of the new registered
Name of New Registered Agent:	YANET ABREU F	IERNANDEZ	
New Registered Office Address:	9880 SW 6TH		
		Enter Floridu street address	
	MAMI	, Roric	da 33174 Elp Code
	and the second s	City	Bip Code
New Registered Agent's Signature, if changing	Registered Agent:		

I hereby accept the appointment as registered ogent 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.

Al Changing Registerest Agent, Signature of New Registered Agent

(Change

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

<u>Pitle</u>	Name	Address	Type of Action
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rated	Signature of a member or authorized representative of a member