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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: EC FIGARD'S BARBER SHOP LCC 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:	
LIAN ARRIETA-	
RL FIGARO'S Barber Shop Ll Firm/Company	'-C
4585 NW 7Th ST. Address	
M1am1, FL 33/26 City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
LIAN ARRIETA at (786) 306-4671 Name of Person Area Code Daytime Telephone Number	_
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\Bigcup \text{\$30.00 Filing Fee & Certificate of Status}\$\$ Certified Copy (additional copy is enclosed) \$\Bigcup \text{\$60.00 Filing Fee & Certified Copy (additional copy is enclosed)}\$\$ Certified Copy (additional copy is	tatus &

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

(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 07/25/30/6 and assigned Florida document number <u>L /6000 / 39 23 5</u> 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." 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: 4585 NW 7th 5T

Enter Florida street address

MIAMI FL, Florida 33126

City Zip Code New Registered Office Address:

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

Įf	amending	Authorized	Person(s)	authorized to	manage,	enter the titl	e, name,	and a	iddress of	each pe	erson	being a	<u>added</u>
or	removed	from our rec	cords:		_								
	, ,												

MGR = Manager

AMBR = Authorized Member

Title Name Type of Action BRISCIDA Ramirez 4585 NW 7th ST DAdd □ Remove _□ Change LIAN ARRIETA 4585 NW 75 ST. MIAMI FL 33126 Remove ☐ Change _□ Add ☐ Remove ☐ Change □ Add □ Remove Change □ Add ☐ Remove (1.3 (1.3 (1.3) _ Chãnge Remove ☐ Change

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Filing Fee: \$25.00