

# L16000139235

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

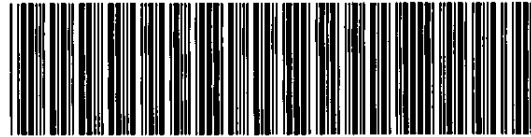
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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APR 10 2017  
J. HARRIS

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: EL FIGARO'S BARBER SHOP, 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:

BENITO CABRERA

Name of Person

EL FIGARO'S BARBERSHOP, LLC.

Firm/Company

4585 NW 75T.

Address

MIAMI, FL 33126.

City/State and Zip Code

benito.cabrera29@yahoo.com

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

For further information concerning this matter, please call:

BENITO CABRERA

Name of Person

at ( 305 ) 934-0651

Area Code

Daytime Telephone Number

Enclosed is a check for the 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  
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**

EL FIGARO'S BARBER SHOP, 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 7/25/2016 and assigned Florida document number L16000139235.

This amendment is submitted to amend the following:

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

N/A.

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)

N/A

**Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

N/A.

**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:

BEVITO CABRERA

New Registered Office Address:

4585 NW 7ST

Enter Florida street address

MIAMI

City

Florida

33126

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.*



**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>                      |
|--------------|---------------------|-----------------------------|--|
| AMOR         | BENITO CABRERA.     | 4585 NW 7 <sup>TH</sup> ST. | <input checked="" type="checkbox"/> Add    |
|              |                     | MIAMI, FL 33126             | <input type="checkbox"/> Remove            |
|              |                     |                             | <input type="checkbox"/> Change            |
| AMOR         | YOSHAIKEL RODRIGUEZ | 4585 NW 7 <sup>TH</sup> ST  | <input type="checkbox"/> Add               |
|              |                     | MIAMI, FL 33126             | <input checked="" type="checkbox"/> Remove |
|              |                     |                             | <input type="checkbox"/> Change            |
|              |                     |                             | <input type="checkbox"/> Add               |
|              |                     |                             | <input type="checkbox"/> Remove            |
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA 32301

[illegible]

**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.

Dated 04/03/2017.

YOSHIAKEL RODRIGUEZ  
Typed or printed name of signer

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