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☐ WAIT ☐ MAIL				
. (Business Entity Name)				
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Certificates of Status				
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D. SCOTT 0CT 2 6 2016

September 29, 2016

EDGAR'S BARBER SHOP AND SHAVER PARLOR LLC 9180 FONTAINEBLEAU BLVD **APT 105** MIAMI, FL 33172

SUBJECT: EDGAR'S BARBER SHOP AND SHAVER PARLOR LLC

Ref. Number: L16000172875

We have received your document for EDGAR'S BARBER SHOP AND SHAVER PARLOR LLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned

for the following correction(s):

The form you submitted is for a FL CORPORATION, but your entity is a FL LLC. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

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.

Dionne M Scott

Regulatory Specialist II

Letter Number: 316A00021024

www.sunbiz.org

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

Please coffect... WE DID NOT RECEIVE YOUR.
LEHER ASOF-TODAY that WE Constact your Officer

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liability Company were filed on 9-15-16 and assigned Florida document number 416000172815 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: BARBER SHOP AND SHAVE PARLOR LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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: New Registered Office Address: Enter Florida street address 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

If Changing Registered Agent, Signature of New Registered Agent

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 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

	Authorized Member		T
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
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If amending any other information, enter change(s) here: (Attach additional sheets, if nec	
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Effective date, if other than the date of filing:	ional) er filing.) Pursuant to 605.0207 (, is date will not be listed as th
the record specifies a delayed effective date, but not an effective time, at 12:01) The 90th day after the record is filed.	a.m. on the earlier of:
Dated <u>Sept 90</u> f. 2016.	BI 24 BIASS
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Signature of a member or authorized representative of a member	2: 24 STATE LORIDI

Page 3 of 3

Filing Fee: \$25.00