## L16000177504

(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	cument Number	)
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	
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ZOZI JAN 13 PM 2: 15 SECRETARY OF STATE

2/22/21 On

## **COVER LETTER**

TO: Registratio Division of	n Section Corporations		
SUBJECT:	REDDZ Name of Lin	THE BARB	ERGLLC
The enclosed Articles	s of Amendment and fee(s) are su	bmitted for filing.	
Please return all corre	espondence concerning this matter	r to the following:	
	War	ren Ande Name of Person	rson_
	REDDZ	THE BARB	ER, LLC
	P.O. E	30 X 941 Address	
	Talleva	ast FL 342 City/State and Zip Code	70
	E-mail address:	en andersen 150 (to be used for future annual report not	302@gmails com
For further informatic	on concerning this matter, please o	rall:	
Warn	en Anderson	at 941, 219.	6634 Business Phone
Nan	ne of Person	Area Code Daytim  941 - 40,2 - 8	6634 Business Phone e Telephone Number 952 Personal Phone
Enclosed is a check fo	or the following amount:		_
□ \$25.00 Filing Fee	: □ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

TO:

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMEN'T TO ARTICLES OF ORGANIZATION OF

FILED

KEDDZ THE	BARBER WILLIAM 2: 15
( <u>Name of the Limited Liability Compar</u> (A Fiorida Limited L	BARBER 221 JANCES OF STATE TARY OF STATE
The Articles of Organization for this Limited Liability Company Florida document number $\frac{L/6000/77504}{}$	were filed on P12212016 and assigned
This amendment is submitted to amend the following:	
X. If amending name, enter the new name of the limited liabi	lity company here:
Ha, new mane must be distinguishable and contain the words "Limited Liabili	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	1424 DR. Martin Luther King Unit 106 Saras Dta, FL 3423
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	P.O. BOX 441 Tallevast, FL 34270
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	
Name of New Registered Agent: WAA	REN ANDERSON  5319 AVE WEST 4402  Emer Florida street address  OLEN 1700 Florida 34 210  City Zip Code
Brac	Enter Florida street address  (ACO ATO Florida 34 2-10  City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	
the state of the same testing and the same testing at the same testing and the same testing at th	in the ant in this a marity. I frother agree to example with the

I bereby 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

tt amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person-being added</u> or removed from our records:

MGR = Manager AMBR = Authorized Member

Little	Name	Address	Type of Action
MGR	warren Anderson	P.O. Box 941 Tallevast,	FLOTAdo
			□Remove
		Warren Andersen	[HChange
MOR		warren Anderson	Landd
			🗆 Remove
			Change
			🗆 Add
			□Remove
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·			□Add
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			□Change
			🗆 Add
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	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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an effect ote:    If	date, if other than the date of filing:
l is filed	
ated	Warren anderson  Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member
	Warren Anderson