IMOUOISCE 90

•	
(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	_
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	

Office Use Only



900292134789

11/10/16--01005--004 **25.00

2016 DEC -9 PM 5: 52 SECRETARY OF STATE

K. SALY DEC 1 2 2016



FLORIDA DEPARTMENT OF STATE Division of Corporations

November 14, 2016

MCO EXCLUSIVE BARBERS LLC JUAN G OLAN 217 BROADWAY AVE. KISSIMMEE, FL 34741

SUBJECT: MCO EXCLUSIVE BARBERS LLC

Ref. Number: L16000186690

We have received your document for MCO EXCLUSIVE BARBERS LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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.

Karen A Saly Regulatory Specialist II

Letter Number: 416A00024389

COVER LETTER

Di	vision of Cor	porations				
SUBJECT:	, MCO	EXCLUSIVE BARBERS LLC				
SUMMET.		Name of Lim	ited Liability Company			
		Amendment and fee(s) are sub-	•			
	•		www.			
		JUAN G OLAN				
			Name of Person			
		MCO EXCLUSIVE BA	ARBERS LLC			
	217 BROADWAY AVENUE					
			Address			
	Name of Person MCO EXCLUSIVE BARBERS LLC Firm/Company 217 BROADWAY AVENUE Address KISSIMMEE, FL 34741					
						
				ation		
For further i	information o		<u>-</u>			
JUAN G	DLAN					
	Name o	f Person	Area Code Daytime	Telephone Number		
Enclosed is	a check for th	ne following amount:				
S \$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

TO:

Registration Section

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

-	O
ARTICLES OF C	DRGANIZATION // // F
O	of contract to the contract of
MCO EXCLUSIVE BARBERS LLC	ORGANIZATION OF 20/60EC -9 TALLAHASSEE STATE Liability Company)
(Name of the Limited Liability Compa (A Florida Limited)	TALLANT OF S.
The Articles of Organization for this Limited Liability Company	were filed on 10/10/2016 and assigned
Florida document number <u>L16000186690</u>	
This amendment is submitted to amend the following:	•
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC," or the abbreviation "L.L.C.,"
Enter new principal offices address, if applicable:	217 BROADWAY AVENUE
(Principal office address MUST BE A STREET ADDRESS)	KISSIMMEE, FL 34741
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her	
	-
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street 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.

City

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: FILED MGR = Manager 2016 DEC -9 PM 5: 53
SECRETARY OF STATE
FALLAHASSEE, FLURIDA AMBR = Authorized Member **Title** Name **Address** Type of Action □ Add ☐ Remove ☐ Change ☐ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change _□ Add □ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove

☐ Change

	•			204-	LED
				2016 DEC -	0
				TASECRE TA	5 PH 5.52
				"ALLAHASSE	OFSTATE
				, .	E. FLORIDA
					
	***** <u>-</u>				
					
			-		
SIND AT THE AMERICA		10/28/2016		_	
Lilecuve date, il oti f an effective date is listr	her than the date of fi ed, the date must be specific	and cannot be prior to date	of filing or more than 9	(optional) O days after filing.) P	ursuant to 605 0200
Note: If the date inse	erted in this block does n	ot meet the applicable s	tatutory filing require	ments, this date wi	ll not be listed as
document's effective	date on the Department	of State's records.			
ne record specifie The 90th day af	es a delayed effective fter the record is file	e date, but not an	effective time, at	12:01 a.m. on	the earlier of
The John day at	ter the record is the				
Datad	OCTOBER 28	2016	_		•
Dated	- OGINERAL DE LA COMPANIA DEL COMPANIA DEL COMPANIA DE LA COMPANIA	, 2010			
	+	\sim			
<u> </u>	Signature o	f a member or authorized	representative of a mem	ber	
		JUAN G OLAN			

Page 3 of 3

Filing Fee: \$25.00