## 117000056488

(R	equestor's Name)	
(A	ddress)	· .
(A	ddress)	
(C	ity/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Nar	me)
(D	ocument Number)	
Certified Copies	Certificate	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



000298809600

05/03/17--01018--015 \*\*25.00

17 MAY -3 PH 2:47

O SIMMONS MAY 0 4 2017

## **COVER LETTER**

	ision of Corpo			
SUBJECT:	KING OF BE	EARDS LLC		
SUBJECT.		Name of Limited Liability Company		
The enclosed	l Articles of A	Amendment and fee(s) are submitted for filing.		
Please return	all correspond	ndence concerning this matter to the following:		
		Rafael A. Palacios, III		
		Name of Person		
		King of Beards LLC		
	Firm/Company 4234 SW 152 Ave., Suite 130			
		Address		
		Miami, Florida 33185	atus &	
		City/State and Zip Code		
		E-mail address: (to be used for future annual report notification)	Status &	
For further in	nformation con	oncerning this matter, please call:		
Rafael A. Pa	ılacios, III	786 245-9486 at ()		
	Name of P			
Enclosed is a	check for the	e following amount:		
■ \$25.00 F	iling Fee	□ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)	tus &	

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

KING OF BEARDS LLC			
( <u>Name of the Limi</u>	ted Liability Compa (A Florida Limited)	ny as it now appears on our records.) Liability Company)	)
The Articles of Organization for this Limited L Florida document number L17000056488			and assigned
This amendment is submitted to amend the foll	owing:		
A. If amending name, enter the new name o	f the limited liab	ility company here:	
The new name must be distinguishable and contain the v	vords "Limited Liabi	lity 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)		4234 SW 152 Ave.	Lo 1
		Suite 130	
		Miami, Florida 33185	
Enter new mailing address, if applicable:		4234 SW 152 Ave.	: •
(Mailing address MAY BE A POST OFFICE	BOX)	Suite 130	
		Miami, Florida 33185	
B. If amending the registered agent and registered agent and/or the new registered o	_	<u>e</u> :	enter the name of the new
Name of New Registered Agent:	Kalaci A. I alac	7108, 111	
New Registered Office Address:	4234 SW 152 A	Ave., Suite 130  Enter Florida street address	
	) C '		22105
	Miami	, Flor	rida 33185  Zip Code
		J.,,	

## 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>	Name	<u>Address</u>	Type of Action
MGR	Rafael A. Palacios, III	4234 SW 152 Ave.	Add
		Suite 130	_☐ Remove
		Miami, Florida 33185	■ Change
TO TESTING TREE			Add
		- · · · · · · · · · · · · · · · · · · ·	Remove
			C Change
	<del> </del>		Add ယံ
			☐ Remove.
			□ Change
			Add
			□ Remove
			Change
			□ Add
			□ Remove
			☐ Change
			Add
		<del></del>	Remove
			Change

, , ,					
	<del></del>				
					<del></del>
· <del></del>					
					. 700 - 700
					ı
				-	<u></u>
					65
				<u> </u>	
		<u>.</u>			
ctive date, if other than the effective date is listed, the date in	ie date of filing:	na nrior to data o	f filing or more than (	(optional)	reugnt to 605 0
e: If the date inserted in this	block does not meet the	applicable stat	utory filing require	ements, this date will	not be listed
ument's effective date on the	Department of State's r	ecords.			
ecord specifies a delay		ut not an ef	fective time, at	: 12:01 a.m. on	the earlier
ne 90th day after the re	cora is filea.				
April 28	2017	!			
ed		•			
	<b>.</b>	A 2			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00