## 117000076754

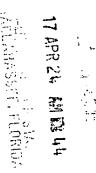
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## **COVER LETTER**

.Div	ision of Cor	porations					
SUBJECT:	WILLIAM	WILLIAM BARBERSHOP LLC					
SUBJECT:		Name of Limi	ited Liability Company				
The enclosed	l Articles of .	Amendment and fee(s) are sub-	mitted for filing.				
Please return	all correspo	ndence concerning this matter	to the following:				
		WILLIAM FLECHA					
	Name of Person						
		WILLIAM BARBERSHO	P LLC				
			Firm/Company				
	726 W LANCASTER RD APT 45						
			Address				
		ORLANDO, FL 32809					
	City/State and Zip Code						
		william.flecha@yahoo.com					
		E-mail address: (	to be used for future annual report notifi	ication)			
For further is	nformation c	oncerning this matter, please ca	all:				
WILLIAM I	FLECHA		407 719-9575				
	Name o	f Person	Area Code Daytime	: Telephone Number			
Enclosed is	a check for th	ne following amount:					
□ \$25.00 H	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)			

TO:

Registration Section

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

WILLIAM BARBERSHOP LLC						
(Name of the Limited Liability Compa (A Florida Limited	iny as it now appears on our records.) Liability Company)					
The Articles of Organization for this Limited Liability Company Florida document number L17000076754	were filed on 04/05/2017	and assigned				
This amendment is submitted to amend the following:						
·						
A. If amending name, enter the new name of the limited liab	ility company <u>here</u> :					
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:	4424 SOUTH ORANGE BLOSSOM TRAIL					
(Principal office address MUST BE A STREET ADDRESS)	ORLANDO, FL 32829					
Enter new mailing address, if applicable:	4424 SOUTH ORANGE BLOSSOM TRAIL ORLANDO, FL 32829					
(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:		<b>17</b>				
	·· ·	PR				
New Registered Office Address:	Enter Florida street address	251 - <b>20</b>				
	, Florida	Zip Code				
New Registered Agent's Signature, if changing Registered Agent:	<u>i</u>					

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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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			☐ Remove
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fective date, if other that an effective date is listed, the d	ate must be specific and	cannot be prior to	o date of filing or	more than 90 day	s after filing.) Pu	rsuant to	605.02
ote: If the date inserted in ocument's effective date on			ble statutory fil	ing requirement	s, this date will	not be	listed a
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e record specifies a de The 90th day after th		ate, but not	an effective	time, at 12:	01 a.m. on	the ea	ırlier
APRIL 21	<b>1</b>	2017	_ •				
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00