

L17000081388

(Requestor's Name)

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(City/State/Zip/Phone #)

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(Business Entity Name)

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17 AUG 11 AM 9:55
SCOTT, JAMES
FALL RIVER, MA

D. SCOTT

AUG 14 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HOUSE OF RIBS
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MIKE C. HAYES SR
Name of Person

Firm/Company

4848 NW 7TH AVENUE
Address

MIAMI FL 33127
City/State and Zip Code

MIKHAYES25@AOL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MIKE C. HAYES SR at (786) 828 9300
Name of Person Area Code Daytime Telephone Number

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TALLAHASSEE, FLORIDA
SECRETARY OF STATE

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

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**

House of Aibs LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 04/11/2017 and assigned Florida document number L17000081388.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

MIKE'S BARBER SHOP LLC

The new name must be distinguishable and contain the words "Limited Liability 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)

4848 NW 7TH AVENUE
MIAMI FL 33127

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:

MIKE C. HAYES SR.

New Registered Office Address:

4848 NW 7th AVENUE

Enter Florida street address

MIAMI

City


Florida

33127

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 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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
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Pursuant to 605.0207 (3)
will not be listed as th

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated 08/07, 2017.

[Signature]

Signature of a member or authorized representative of a member

MIKE C. HAYES SR

Typed or printed name of signee