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COVER LETTER

	tegistration Sec Division of Corp		•
oum in ze	CUT CITY	BARBERSHOP, LLC	·
SUBJECT	l:	Name:	of Limited Liability Company
		U	
The enclos	sed Articles of a	Amendment and $fee(s)$	are submitted for filing.
Please rett	irn all correspoi	ndence concerning this	matter to the following:
			CRUZ
			Name of Person
		CUT CITY BARB	RSHOP, LLC
			Firm/Company
		11205 W ATLANT	I IC BLVD APT 205 I
			Address
		CORAL SPRINGS	FL 33071
			City/State and Zip Code
		RUCRUZ1977@GM	All. COM bress: (to be used for future annual report notification)
For further	r information ec	ncerning this matter, pt	·
RUBEN (347 324-0943
	Name of	Person	Area Code Daytime Telephone Number
Enclosed i	s a check for the	e following amount:	
■ \$ 25.00	Filing Fee	☐ \$30.00 Filing Fee Certificate of Sta	
	Registra Divisior P.O. Bo	NG ADDRESS: ation Section of Corporations x 6327 see, FL 32314	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: CUT CITY BARBERSHOP, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC" Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 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	GIFTED HANDZ BARBERSHÖP, LEC		
This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: CUT CITY BARBERSHOP, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 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 registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	(Name of the Limited Liability (A Florida L	Company as it now appears on our records.) imited Liability Company)	
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 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 registered agent and/or the new registered office address here: NOT APPLICABLE NOT APPLICABLE NOT APPLICABLE NOT APPLICABLE NOT APPLICABLE	The Articles of Organization for this Limited Liability Cor Florida document number <u>L17000090583</u>	mpany were filed on $\frac{04/24/2017}{}$ and assi	igned
CUT CITY BARBERSHOP, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC" Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 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 registered agent and/or the new registered office address here: Not applicable NOT APPLICABLE NOT APPLICABLE NOT APPLICABLE	This amendment is submitted to amend the following:		
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(Principal office address MUST BE A STREET ADDRESS) 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 registered agent and/or the new registered office address here: Name of New Registered Agent: Not Applicable Not Applicable Not Applicable	The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LLC" or the abbreviation "L.	L.C."
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 registered agent and/or the new registered office address here: Not Applicable Not Applicable	Enter new principal offices address, if applicable:	NOT 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 registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	(Principal office address MUST BE A STREET ADDRE	issy Eg	
Name of New Registered Agent: New Registered Office Address: Not applicable		FLORIDE .	
New Registered Office Address:	B. If amending the registered agent and/or registered agent and/or the new registered office address	red office address on our records, <u>enter the name o</u> <u>ss here</u> :	of the n
	Name of New Registered Agent: NOT AP	PPLICABLE	
ther Florid street address	New Registered Office Address:	Enter Plant I amount I have	
		Emer Fiorial street duaress	
Florida			
New Registered Agent's Signature, if changing Registered Agent:	N	· · · · · · · · · · · · · · · · · · ·	

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

lf amendin or removed	g Authorized Person(s) authoriz	zed to manaş	ge, <u>enter the title, name, an</u>	d address of each person being added
MGR = N AMBR = A	lanager . Authorized Member			
<u>Title</u>	<u>Name</u>	:	Address	Type of Action
·———				Add
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). If amending any	other information, ente	er change(s) here: (Attach additional sheets, if necessary.)
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	<u>_</u>	
		
		Ding: Sept. 05 ^{H1} 2017 (optional)
 (If an effective date is l 	isted, the date must be specific	and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (3)(b
Note: If the date in	nserted in this block does no we date on the Department	pot meet the applicable statutory filing requirements, this date will not be listed as the
f the record specif	fies a delayed effective	fe date, but not an effective time, at 12:01 a.m. on the earlier of:
b) The 90th day	after the record is fill	ea.
Dated) 09/09	£. 2017.
Y		
-1/100	5 Signature	of a member or authorized representative of a member
ก	¥	
<u> </u>	LDEN De.	Sesus Cruz Typed or printed name of signee
		Page 3 of 3

Filing Fee: \$25.00