

L17000097467

(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



100303811061

03/25/17--01031--019 **25.00

FILED

17 SEP 25 PM 3:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S. WARREN

SEP 25 2017

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: DREAM TEAM BARBER SHOP LLC

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:

FELIX J TORO

Name of Person

Firm/Company

7803 E COLONIAL DR 105

Address

ORLANDO, FL 32807

City/State and Zip Code

FLORIDAREALHOMELLC@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

FELIX J TORO

407 633-1330

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input 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**

DREAM TEAM BARBER SHOP 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 05/02/2017 and assigned
Florida document number L17000097467.

This amendment is submitted to amend the following:

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

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:

7803 E COLONIAL DR 105

(Principal office address MUST BE A STREET ADDRESS)

ORLANDO, FL 32807

Enter new mailing address, if applicable:

7803 E COLONIAL DR 105

(Mailing address MAY BE A POST OFFICE BOX)

ORLANDO, FL 32807

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: FELIX J TORO

New Registered Office Address: 7803 E COLONIAL DR 105

Enter Florida street address

ORLANDO

Florida 32807

City

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.


Felix J. Toro

If Changing Registered Agent, Signature of New Registered Agent

FILED
17 SEP 25 PM 3:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MGR = Manager
AMBR = Authorized Member

☐ move
17 SEP 25 PM 3:58
☐ Change
FILED
☐ Add
☐ Remove
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

ANY OTHER PROVISION: THE PURPOSE OF THIS LIMITED LIABILITY COMPANY IS TO ENGAGE IN
ANY LAWFUL ACTIVITY FOR WHICH A LIMITED LIABILITY COMPANY MAY BE ORGANIZED IN
THIS STATE.

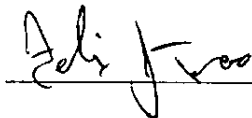
E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, 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 inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 SEPTEMBER 19, 2017



Signature of a member or authorized representative of a member

FELIX J TORO

Typed or printed name of signee

FILED
17 SEP 25 PM 3:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA