L17000182757

(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:
/





700337855057

700337855057 10/22/19--01607--619 **50.00

SELAL DARY OF STATE
TWO OR OF CORPORATION

19 DEC 11 AM 9: 35

amend name change

DEC 11 2019 D CUSHING

	, CO	VER LETTER	_	2 4	*•
TO: Registration Sec Division of Corp	ction Porations Fa.	•	, ,		
SUBJECT:	lasters M.G	U.C			**
	Name of Limited	Liability Company			
The enclosed Articles of A	Amendment and fee(s) are submitt	ed for filing.			
Please return all correspor	idence concerning this matter to the	te fallauine			
	• ····································	ic following:			
	- Andreu	Cancel Name of Person			
	Masters	Mens Groom Firm Company	ling Service		
	11601 S. Cle	weland Ave s	juite 7		
	Fort Myer	5 FL 33907 Tity/State and Zip Code			
	Masters				•:
F 6 1 1 5 1	E-mail address: (10 b	e used for future annual report no	ification)	(3)	# } C
For further information co	oncerning this matter, please call:				.
Dinelia G.	tucea	_a(<u>34) 8)3</u>	·· 0264		
210, 01	r at more	Area Code Daytii	me Telephone Number	7,31	
Enclosed is a check for th	c following amount:			မှာ သ	STATE
S25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S\$55.00 Filing Fee & Certified Copy	☐ \$60.00 Filing Fee, Certificate of Status &		HS.

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

(additional copy is enclosed)

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Certified Copy (additional copy is enclosed)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

- Masters M	G. 11.C. 7.29
Name of the Imited Liability Company	T BI II now superary on our records.)
The Articles of Organization for this Limited Liability Company of Florida document number	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability of the new name must be distinguishable and contain the words "Limited Liability of the new principal effects and contain the words "Limited Liability of the new principal effects and the new page 12 to 12	11 ty company here:
Enter new principal offices address, If applicable: (Principal office address MUST BE A STREET ADDRESS)	11601 S. Cleve land the Suite7 Fort Myers Fc 33907
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	11601 S. Cleveland Ave Suite7 Fort Myes Fc 33907
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	oddress on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florido street address
	Gir Florida
New Registered Agent's Signature, if changing Registered Agent;	Zip Croe

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

Title	Name	Address	Type of Action
MGR	Dinelia Alicea	4529 Dalmohuy C+ Apt301	
		FORT Myas Fl 3391	<u>C</u> □Remove
			DAdd
			□ Remove
			Change
			DAdd
			□Remove
			Change
			□Add
			□Remove
			DChange
			DAdd
			□ Remove □ Change
	·		Ochange
			DRemove
			OChunge

. Tram	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	tive date, if other than the date of filing:
the reco	rd 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 illed.
Dates	December 11. 2019 Mule w Cance Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member Andrew Cancel Typed or printed name of signee

Filing Fee: \$25.00