(5)

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SHARP CUTS LLC

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SHARP CUTS LLC	
(Name of the Limited Liability Company us it now uppears on our rewords.) (A Florida Limited Liability Company)	
The Articles of Organization for this Limited Liability Company were filed on 09/14/2017	and assigned
Florida document number L17000191633	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
SHARP CUTS BARBERSHOP 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:	<del></del>
(Principal office address MUST BE A STREET ADDRESS)	67
	72.
Enter new mailing address, if applicable:	
	1
(Mailing address MAY BE A POST OFFICE BOX)	1=
	0
B. If amending the registered agent and/or registered office address on our records, enter the nagent and/or the new registered office address here:	nme of the new registers
Name of New Registered Agent:	
New Registered Office Address:  Enter Florida street celdress	
. Florida	Zip Çode
Сиу	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	
Thereby accept the appointment as registered agent and agree to act in this capacity. I further	agree to comply with th

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. Thereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person, being added or removed from our records:

<u>Title</u>	Name	<u>Address</u>	Type of Action
			□Add
			□Remove
			□Change
			□Add
			CRemove
			□ Change
			JAdd
			□Remove
		□Change	
			□Add
			□Change
		Cladd	
		☐Remove	
			[]Change
			🗀 Add
		□Remove	
		□ Chan∉e	

D. If amending a	y other information, enter change(s) here: (Attach additional sheets, if necessary.)
***************************************	
***********	
<del>, </del>	
1,411	
Note: If the da	, if other than the date of filing:  e 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)(but e inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the fective date on the Department of State's records.
If the record specifi record is filed.	es a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	8/27/2020
<u></u>	Signature of a member or schorized representative of a member
C.I-	IRISTIAN A. BARQUET, SR.
	Typed or printed name of signee