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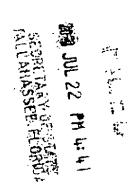
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COVER LETTER

Division of Corporations PRECISE BARBERS L.L.C. SUBJECT: ____ 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: ROMERO, JOSUE Name of Person PRECISE BARBERS L.L.C. Firm/Company 7474 SW 162nd Place Address Miami, FL 33193 City/State and Zip Code Precisebarbers@icloud.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: ROMERO, JOSUE Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ■ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section

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

PRECISE BARBERS L.L.C.

This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: PRECISE BARBERS 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 the	10	•	marks.
The Articles of Organization for this Limited Liability Company were filed on	ARTICLES OF OI	RGANIZAT	TON 🐞 💮
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The Articles of Organization for this Limited Liability Company were filed on			
The Articles of Organization for this Limited Liability Company were filed on	(Name of the Limited Liability Company (A Florida Limited Lia	<u>v as it now appears</u> ability Company)	on our records.)
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(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	(Principal office address MUST BE A STREET ADDRESS)	M. am	i, fl 33193
		FPF	
			our records, enter the name of the new
Name of New Registered Agent:	Name of New Registered Agent:		
New Registered Office Address: Enter Florida street address	New Registered Office Address:	Enter Flori	ida street address
Florido			Florido
, Florida, Zip Code		City	, FIOFICIA 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>	Type of Action
MGR	Robert Basso	15413 SW 92nd Street	_ ⊟ Add
		Miami, FL 33196	
			Remove
			Change
			Add
			□ Remove
			Change
			Add
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			Change
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			□ Remove
			☐ Change

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an ef Note:	ive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	July 9th
	(shull -
	Signature of a member or authorized representative of a member Josue Romero

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00