## L18 0000 92382

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## **COVER LETTER**

TO:

**Registration Section** 

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Division of Corporations
SUBJECT: DOUG'S Barber Shop LLC  Name of Limited Liability Company
SUBJECT: DOUG'S BOY DEV 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:
Please return all correspondence concerning this matter to the following:
Demarcus Cleveland Name of Person
Firm/Company
24819 Sienade Address
LUITZ, FL 33559 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Bri Hany Cleveland at (813) 401 0500  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee S30.00 Filing Fee & S55.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)
Mailing Address:  Registration Section  Street Address:  Registration Section

Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ARTICLES OF OF OF	RGANIZATION
Dona's Barber	Shop LLC  as it now appears on our records.)  bility Company)
The Articles of Organization for this Limited Liability Company w	ere filed on 04 12 2018 and assigned
Florida document number <u>L 18000092382</u>	' '
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability  DOUG'S BOY DEVS DO TO  The new name must be distinguishable and contain the words "Limited Liability"	umpa 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)	24819 Siena dr Lutz, Fl 33559
B. If amending the registered agent and/or registered office ad agent and/or the new registered office address here:	dress on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	City Zin 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 =	<b>Authorized Member</b>

<u>Title</u>	Name	Address	Type of Action
	·		□Add
			□Remove
			Change
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		<del></del>	□Change
			Remove
			Change

ameno	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
<u>ote:</u> If	e date, if other than the date of filing:
record s is filed	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 .
ated <u>/</u>	Signature of a member or authorized representative of a member
	Demarcus Clycland Typed or printed name of signee

. . . .

Filing Fee: \$25.00