L18000108881

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COVER LETTER

TO: Registration Section

Division of Cor	porations		
PRIVE BA	RBERSHOP L.L.C.		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	JEAN P MENDEZ		
		Name of Person	
	PRIVE BARBERSHOP		
		Firm/Company	
	17380 ALT AIA SUITE	# 303	
		Address	
	JUPITER FLORIDA 3347	7	
		City/State and Zip Code	
	2lettersjp@gmail.com E-mail address: (to be used for future annual report not	ification)
For further information of	oncerning this matter, please c	·	
JEAN P MENDEZ	3 .,	561 574-1699	
	f Person	at ()	ne Telephone Number
Name	. 1 (130.11		
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fcc	☐ \$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration S Division of C P.O. Box 632 Tallahassee, I	Section orporations 7	Street Address: Registration Se Division of Co The Centre of 2415 N. Monro	rporations

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PRIVE BARBERSHOP L.L.C.		
(Name of the Limite	d Liability Company as it now appears on our records.) A Florida Limited Liability Company)	
(A Florida Limited Liability Company)	
The Articles of Organization for this Limited Lia		and assigned
Florida document number L18000108881	 ·	
This amendment is submitted to amend the follo	wing:	
A. If amending name, enter the new name of	the limited liability company here:	
HYGIENE BARBER SHOP LLC		>
The new name must be distinguishable and contain the wo	ords "Limited Liability Company." the designation "LLC" or the	abbreviation "LE.C."
Enter new principal offices address, if applica	able:	
(Principal office address MUST BE A STREET	T ADDRESS)	نان ان
	<u></u>	<u> </u>
		<u> </u>
Enter new mailing address, if applicable:		0
(Mailing address MAY BE A POST OFFICE E	<u> </u>	
B. If amending the registered agent and/or re agent and/or the new registered office address	gistered office address on our records, <u>enter the na</u> <u>s here</u> :	ame of the new registere
Name of New Registered Agent:		· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:	Enter Florida street address	
	, Florida	Zin Codo

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 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>	Address	Type of Action
			□Add
			□Remove
			□ Change
			□∧dd
			□Remove
			≅Add
			Change
			□∧dd
			□Remove
			Change
			□Add
			□Remove
			[]Change
			∏Remove.

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an of lote:	ive date, if other than the date of filing:
recor	d 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
l is fi	
	September. 23 2020
ated	x 9-23-2020
	Signature of a member or authorized representative of a member
	Y Jean Pierre Mendez Typed or printed name of signee