

218000213442

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

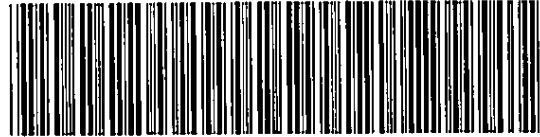
(Document Number)

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2018 NOV -7 AM 8:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

UCS  
11-21-18

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Kings Throne Barbers Club, 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:

Robert T. Salmons

Name of Person

Kings Throne Barbers Club, LLC

Firm/Company

2402 North Dixie Hwy, #3

Address

Lake Worth, FL 33409

City/State and Zip Code

Robert@soberlifenow.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Robert Salmons

860 574-2710

Name of Person

at ( )

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☒ \$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 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**

KINGS THRONE BARBERS CLUB, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 9/7/18 and assigned  
Florida document number L8000213442.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

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:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

8681 NW 24th COURT 8681 NW 24th Ct  
SUNRISE, FL 33322

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

NATTANAEL TORIBIO

New Registered Office Address:

8681 NW 24th COURT

Enter Florida street address

SUNRISE

Florida 33322


City

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.*

X

 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>       | <u>Type of Action</u>                      |
|--------------|-----------------------|----------------------|--|
| AMBR         | ROBERT T. SALMONS, JR | 2111 BRANDYWINE RD   | <input type="checkbox"/> Add               |
|              |                       | LAKE WORTH, FL 33460 | <input checked="" type="checkbox"/> Remove |
|              |                       |                      | <input type="checkbox"/> Change            |
| AMBR         | NATTANAEL TORIBIO     | 8681 NW 24TH COURT   | <input checked="" type="checkbox"/> Add    |
|              |                       | SUNRISE, FL 33322    | <input type="checkbox"/> Remove            |
|              |                       |                      | <input type="checkbox"/> Change            |
|              |                       |                      | <input type="checkbox"/> Add               |
|              |                       |                      | <input type="checkbox"/> Remove            |
|              |                       |                      | <input type="checkbox"/> Change            |
|              |                       |                      | <input type="checkbox"/> Add               |
|              |                       |                      | <input type="checkbox"/> Remove            |
|              |                       |                      | <input type="checkbox"/> Change            |
|              |                       |                      | <input type="checkbox"/> Add               |
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|              |                       |                      | <input type="checkbox"/> Add               |
|              |                       |                      | <input type="checkbox"/> Remove            |
|              |                       |                      | <input type="checkbox"/> Change            |

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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

(b) The 90th day after the record is filed.

111118

Robert Salmon

Signature of a member or authorized representative of a member

Signature of a member or authorized representative  
Robert Salmon

Typed or printed name of signee