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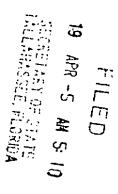
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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Kings Throne Barbers Club, LCC 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 Salmons Name of Person  King Thrones Barbers Club, LLC Firm/Company  2402 North Dixie Hwy #3  Address  Lake Worth FL 33460  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 at (860) 574-2710  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:  \$\frac{1}{2}\$ \$\frac{1}{2

#### 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 Thr	one Rad	sers Clu	b. UC	
(Name of the Limited	Liability Company as it Florida Limited Liability	now appears on our Company)	records.)	<del></del>
The Articles of Organization for this Limited Liab Florida document number <u>L 8 000 213 4</u>		filed on $9/7$	13	and assigned
This amendment is submitted to amend the follow	ing:		7. W. E. J	5 1 = T
A. If amending name, enter the new name of the	ne limited liability co	ompany here:		LE LE
The new name must be distinguishable and contain the word	ls "Limited Liability Cor	npany," the designation	on "LLC" or the abb	, I.
Enter new principal offices address, if applicab	le:	······		<u> </u>
(Principal office address MUST BE A STREET.	ADDRESS)			<del></del>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u></u>			
B. If amending the registered agent and/or registered agent and/or the new registered offic	registered office a	ddress on our r	ecords, enter t	he name of the new
Name of New Registered Agent:	Robert	Salmor	15	
New Registered Office Address:	5001 La	Enter Florida stree	eKS Dr. taddress	
	Riviera	Beach	, Florida	33410 Zip Code

New Registered Agent's Signature, if changing Registered Agent:

. 1

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
Ambr	Robert Salmons	5001 Laure Daks Dr.	<b>_</b> ₩ Add
		Riviera Bd, FL 33410	Remove
			□ Change
fmrs	Nattanael Toribio	8681 NW 24th Court	- □ Add
		Sunrise, FL 33322	<b>K</b> Remove
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