# 118000257247

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Essentes Entry / Emery
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

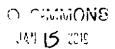
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## COVER LETTER

DIVI	sion of Corp	orations		·
SUBJECT:		DES BARBER SHOP & MOI	RE LLC	
SUBJECT:			ited Liability Company	<del></del>
The enclosed	Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return	all correspor	ndence concerning this matter	to the following:	
		MARIA ALTAMIRANO		
		FRESH FADES BARBER	Name of Person SHOP & MORE LLC	
		10740 STRIKE LN	Firm/Company	<del></del>
		BONITA SPRINGS. FL 3-	Address	
		mari.atamirano l 702@gmail		
For further in	formation co	E-mail address: (oncerning this matter, please ca	to be used for future annual report not all:	tification)
MARIA ALT			239 322-2537	
	Name of	Person	at () Area Code Daytir	ne Telephone Number
Enclosed is a	check for the	e following amount:		
\$25.00 F	iling 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

TO:

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

(Name of the Limited Liability Company as it now appears (A Florida Limited Liability Company)	on our records.)
he Articles of Organization for this Limited Liability Company were filed on $\frac{11}{10000257247}$ .	and assigned
his amendment is submitted to amend the following:	
. If amending name, enter the new name of the limited liability company her	<u>e</u> :
ne new name must be distinguishable and contain the words "Limited Liability Company," the des	ignation "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:	<u> </u>
Principal office address MUST BE A STREET ADDRESS)	
<del></del>	
nter new mailing address, if applicable:	<u> </u>
Aailing address MAY BE A POST OFFICE BOX)	
. If amending the registered agent and/or registered office address on egistered agent and/or the new registered office address here:	our records, <u>enter the name of the</u>
Name of New Registered Agent:	
New Registered Office Address:	

#### 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.

City

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	BOTELLO, LIDIA	10740 STRIKE LN BONITA SPRINGS, FL 34135	<b>=</b> Add
			Remove
			Change
			☐ Remove
		<del></del>	Change
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Effective date, if other than the dat (If an effective date is listed, the date must be Note: If the date inserted in this block document's effective date on the Depar	does not meet the applicable	(o tte of filing or more than 90 days a statutory filing requirements.	ptional) after filing.) Pursuant to 605.0207 this date will not be listed as
the record specifies a delayed ef ) The 90th day after the record		n effective time, at 12:0	1 a.m. on the earlier of
Dated JANUARY 7	. 2019		
Sign Sign	nature of a member or authorized	d representative of a member	·
	TAMIRAW - M		

Page 3 of 3

Filing Fee: \$25.00