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COVER LETTER

TO: Registration Division of C	Section Corporations		•
SUBJECT:	RAZOR SHARP	HAIR + BARBE	ER LLC
50MBCT.	Name of Limi	ited Liability Company	
The enclosed Articles	of Amendment and fee(s) are subr	mitted for filing.	
Please return all corres	spondence concerning this matter t	to the following:	
	DEMETRI	MOUSTOPOULOS	
		Name of Person	
	Moustolou	Firm/Company	INC.
		Firm/Company	
	PO Box	2325 Address	
		Address	
	PALM HI	180R FL 34682	
	dm ta>	ARBOR FL 34682 City/State and Zip Code < CPA @ earth liv o be used for future annual report noti	k, net
For further information	n concerning this matter, please cal	11:	
Der	METRI c of Person	at (727) 781	-0346
Name	e of Person	Area Code Daytim	e Telephone Number
	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:

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

· RAZOR SHARP HAIR + BARBER, 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 <u>JAN</u> . 15, 2019 and assigned Florida document number <u>L 19 0000 (6835</u> .
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 "LLC."
Enter new principal offices address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)
FEB 1
Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)
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:
New Registered Office Address:
Enter Florida street address
, Florida
· · · · · · · · · · · · · · · · · · ·
New Registered Agent's Signature, if changing Registered Agent:
hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the

If Changing Registered Agent, Signature of New Registered Agent

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>	Name	Address	Type of Action
MGR	LOUIS J BERTONCINI	1913 RICHMOND CT	BAdd
		SCHAUMBURG, IL 6019	4 □ Remove
			Change
			□ Add
			Remove
			Change
			D Add
			□ Remove
			□ Change
			🗆 Add
			Remove
			Change
			□ Add
			🗆 Remove
			□ Change
			□ Add
			C Remove
			🗆 Change

). If an	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
NOIE.	tive date, if other than the date of filing:
the re	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Dated	JANUARY 3b 2019
	JANUARY 3b 2019
	Signature of a member or authorized representative of a member
	MARIA SEREMETIS
	Typed or printed name of signee

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Filing Fee: \$25.00