L190000 32893

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
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COVER LETTER

| TO: | Registration Se Division of Cor | | | | | |
|-----------|------------------------------------|---|--|--|-----------|--------------|
| SUBJEC | et: Yub | i Skincare . Name of Lim | T Barbershop LL ited Liability Company | <u>.C</u> | | |
| The enel | osed Articles of . | Amendment and fee(s) are sub- | mitted for filing. | | | |
| Please re | eturn all correspo | ndence concerning this matter | to the following: | | | |
| | | Y uber kis | D. Fernandez W Name of Person | narrero_ | | |
| | | | Firm/Company | | | |
| | | 11 Birch | St | | | |
| | | | Address | | | |
| | | Holly wood yubi skincas: E-mail address: (1) | City/State and Zip Code e Shape gn. (c. 1. cor o be used for future annual report notif | ication) | 19 KFR 25 | SACTOR STATE |
| For furth | er information co | oncerning this matter, please ca | | | | 14 A |
| Ϋ́ | ber 16 S | D. Fernandez m | erron _{at (} 954 ₎ 391 - Area Code Daytimo | 2641 | VA IO: PU | STATE |
| | | e following amount: | | | | ·2 |
| \$25.0 | 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 Sta Certified Copy (additional copy is ea | itus & | |
| | | | | | | |

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

| Vubi Skin care + (Name of the Limited Liability Compa- (A Florida Limited 1) | Barbershow LCC | |
|---|---|---------------------------------------|
| (Name of the Limited Liability Compa (A Florida Limited 1 | ny as it now appears on our records.) Liability Company) | |
| The Articles of Organization for this Limited Liability Company Florida document number $\frac{L1900032893}{}$ | were filed on 1/31/2019 | and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liab | ility company here: | |
| The new name must be distinguishable and contain the words "Limited Liabil | LLC | |
| The new name must be distinguishable and contain the words "Limited Liabil | ity Company," the designation "LLC" or the abb | previation "L.L.C." |
| Enter new principal offices address, if applicable: | | |
| (Principal office address MUST BE A STREET ADDRESS) | 6675 Rembroke Rd | · · · · · · · · · · · · · · · · · · · |
| | 6675 Rembroke Rd Rembroke Anes, FC 3 | 30.23 Egs |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE BOX) | 11 Birch St Hollywood, Je 33023 | <u> </u> |
| | Hollywood to 33023 | 3.05 |
| | | |
| B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here | | the name of the new |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | Enter Florida street address | |
| | , Florida | |
| Name Description and Assembly Classical Section 15 th annual Description of Assembly | 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.

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> | Address | Type of Action |
|--------------|-------------|-------------|----------------|
| | | | Add |
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| If amen | ding any other information, enter change(s) here: (Attach additional sheets, if necessary.) |
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| (If an effective Note: 1 | e date, if other than the date of filing: 3 19 2019 (optional) tive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (2) the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as that's effective date on the Department of State's records. |
| | ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 00th day after the record is filed. |
| Dated _ | march 19 2019. |
| | JAKA) |
| | Signature of a member or authorized representative of a member |
| | Yuberkis D. Fernandez Marrero Typed or printed name of signee |

Page 3 of 3

Filing Fee: \$25.00