

L19 0000 46865

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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AND
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2019 APR -4 PM 3:21
SECRETARY OF STATE
TALLAHASSEE, FL 32399

T.S.
4/10/19



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 25, 2019

DISNET RIVERON
801 S. MIAMI AVE #3905
MIAMI, FL 33130

SUBJECT: THE SPOT BARBER ACADEMY LLC.
Ref. Number: L19000046865

We have received your document for THE SPOT BARBER ACADEMY LLC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tacarri K Glass
Regulatory Specialist II

Letter Number: 019A00005897

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DIVISION OF CORPORATIONS
STATE OF FLORIDA

2019 APR -4 PM 12:03

→ Please see correct form attached.

Thank you!

-Disnet.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: The Spot Barber Academy 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:

Disnet Riveron
Name of Person

Firm/Company

801 S. Miami Ave #3905
Address

miami FL 33130
City/State and Zip Code

thespotbarberacademy@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Disnet Riveron at (305) 297-3100
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|---|---|--|--|

\$35.00 previously submitted

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

APPROVED
AND
FILED
2019 APR -4 PM 3:21
SECRETARY OF STATE
TALLAHASSEE, FL 32301

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

The Spot Barber Academy 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 02/18/2019 and assigned Florida document number L19000040865.

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)

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

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>	<u>Address</u>	<u>Type of Action</u>
MGR	Juan Carlos Perdomo	801 S. Miami Ave #3405	<input type="checkbox"/> Add
		miami FL 33130	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Fredis Perdomo	100 NE 2nd ave #38E	<input type="checkbox"/> Add
		miami FL 33131	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Disnet Riveron	801 S. Miami Ave #3405	<input type="checkbox"/> Add
		miami FL 33130	<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

2019 APR - 4 PM 3:21
SECURITY
MAIL ASSISTANT

APPROVED
AND
FILED

2019 APR -4 PM 3:21
SECRETARY OF STATE
TALLAHASSEE, FL 32310

APPROVED
AND
FILED

2019 APR -4 PM 3:21
SECRETARY STAFF
INTELLIGENCE FLIGHT

(If an effective 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 (3)(b)

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

Dated

April 1

2019

Signature of a member or authorized representative of a member

Disnet River

Typed or printed name of signee