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COVER LETTER

Registration Section

Division of Corporations

TO:

	rber Academy LLC					
SUBJECT:	Name of Lin	nited Liability Company	·	_		
The enclosed Articles of A	mendment and fee(s) are sub	omitted for tiling.				
Please return all correspon	dence concerning this matter	to the following:				
	Disnet Riveron-Perdomo					
		Name of Person				
	The Barbering Academy I	Oora!				
		Firm/Company				
	10442 NW 31st Terr					
		Address			<u></u>	
	Doral FL 33172					~
		City/State and Zip Code		스타	به: 1	
	riveron@thespotbarberacac			\$ \$	ယ်	1
	E-mail address: (to be used for future annual report notif	ication)	SSE 1905	PH	<u> </u>
For further information co	ncerning this matter, please c	ali:		STAT E. FL	PH 1: 42	•
Disnet Riveron-Perdomo		305 454-1234 at ()		111	_	
Name of	Person	Area Code Daytime	e Telephone Num	ber		
Enclosed is a check for the	following amount:					
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certif	Filing Ficate of Sied Copymal copy is	Status &	
Mailing Address: Registration So Division of Co P.O. Box 6327 Tallahassee, F	ection orporations	Street Address: Registration Second Division of Core The Centre of T	porations allahassee	e 810		

Tallahassee, FL 32303

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 <u>L19000046865</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The Barbering Academy Doral LLC 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

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 amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Remove
			Change
			□Add
			□Remove
			Change
			DAdd → OAdd → OAdd → OA
			ASY OF STATE Change
			FLE Change
		<u></u>	□Add
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fective date, if other the effective date is listed, the ote: If the date inserted incument's effective date of	date must be specifing this block does	ic and cannot be not meet the a	prior to date of pplicable stat	filing or more the utory filing requ	ın 90 days afte	ional) er filing.) P is date wi	ursuant II not b	to 605.020° oe listed as
record specifies a delayed is filed.	effective date, bu	it not an effect	ive time, at 1	2:01 a.m. on the	earlier of: (b) The S)0th day	y after the
ated May 28								
	Signature	of a member or	authorized rep	resentative of a n	nember			_