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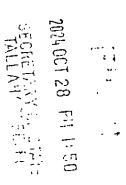
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	





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COVER LETTER

TO: Registration Division of C			
The Bart	ering Academy Doral LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corre	spondence concerning this matter	to the following:	
	Disnet Riveron-Perdomo		
		Name of Person	
	The Barbering Academy D	Poral LLC	U
		Firm/Company	
	10442 NW 31st Terrace		
	4 - 104-	Address	·
	Doral, FL 33172		
		City/State and Zip Code	
	Riveron@thebarberingacad		
For further information	E-mail address: (n concerning this matter, please o	to be used for future annual report not	meation)
Disnet Riveron-Perdo	-	305 454-1234	
Nam	e of Person	at () Area Code Daytin	e Telephone Number
Enclosed is a check fo	r 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 Add		Street Address:	etion
Registratio Division of	n Section Corporations	Registration Se Division of Co	
P.O. Box 6	327	The Centre of	Γallahassee
Tallahasse	e. FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Barbering Academy Doral LLC		
(Name of the Limited Lia (A Flo	ability Company as it now appears on our recorda Limited Liability Company)	ords.)
The Articles of Organization for this Limited Liabilit	y Company were filed on 02/18/2019	and assigned
Florida document number L19000046865	·	
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 "I	.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD	DDRESS)	<i>y.</i> 20
		2021 OCT SECKET
Enter new mailing address, if applicable:		27 2
(Mailing address MAY BE A POST OFFICE BOX)		
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		on the second
B. If amending the registered agent and/or registon agent and/or the new registered office address her		ter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street ad	drass
	Distr 1 107 MAI 357 CC1 LAN	
	City	Florida
		•

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
AMBR	Juan Carlos Perdomo	10442 NW 31st Terrace, Doral FL 33172	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
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ective date, if other	than the date of	filine:		(opt	ional)
effective date is listed, t	he date must be specif	fic and cannot be t	rior to date of filing of	r more than 90 days after	r filing.) Pursuant to 605.02 is date will not be listed
ument's effective dat	on the Departmen	t of State's reco	rds.	g rodanomona. uz	
				,	
cord specifies a delay s filed.	ed effective date, bu	it not an effecti	ve time, at 12:01 a.	m. on the earlier of: (b) The 90th day after the
October 24 ed		<u> </u>	·		
	j	$ \mathcal{V}_1, \mathcal{V}_2 $	\bigcirc		

Filing Fee: \$25.00

Typed or printed name of signee