L1900010814Z

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(Ac	ddress)	
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SUBJECT		ave BarberShop 2, LLC		
SUBJECT	,	Name of Lim	ited Liability Company	
The enclose	ed Articles of .	Amendment and fee(s) are sub-	mitted for filing.	
Please retur	rn all correspo	ndence concerning this matter	to the following:	
		Atiba Housen		
		The Man Kave BarberSh	Name of Person	
		1635 Wells Rd. suite#2	Firm/Company	
		Orange Park, FL 32073	Address	
		themankavebarbershop2(City/State and Zip Code @gmail.com	
		E-mail address: (to be used for future annual report no	otification)
For further	information c	oncerning this matter, please ca	all:	
Atiba Hous			646 529-9298 a1 ()	
	Name o	f Person	Area Code Dayt	ime Telephone Number
Enclosed is	a check for th	ne 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: Registration Section Division of Corporations P.O. Box 6327 STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF 20:

N 2019 SEP 23 PM 2: 02

The Man Kave BarberShop 2, 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 04/22/2019	and assigned
Florida document number L19000108142	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	mited liability company here:	
The new name must be distinguishable and contain the words "Lit	mited Liability Company," the designation "I	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	ORESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office ad		ords, enter the name of the new
Name of New Registered Agent:	<u> </u>	
New Registered Office Address:	Enter Florida street add	dress
		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 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
MGR	Santiago, Abner		
		5911 110th Street	
		Jacksonville, FL 32244	■ Remove
			Change
MGR ————————————————————————————————————	Matchett, James	11783 High Plains Dr. East Jacksonville, FL 32218	a Add
			Remove
			Change
		 	Add
			☐ Remove
			🗀 Change
			Remove
			Change
		□ Remove	
			□ Change
			□ Remove
			Change

	FEI/EIN Number 83-4495245
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	·
(If an et Note:	ive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	08-22-2019
Daice	
	Signature of a member or authorized representative of a member

ATIBA HOUSEN
646:529-9298
11627 DUBLIN GRAFTON DRIVE
RIVERVIEW, FL 33579