

L19 000 108 142

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

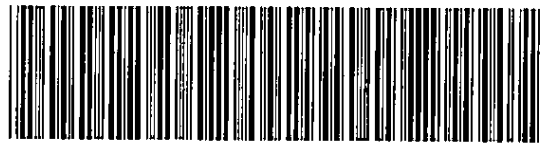
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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09/23/19--01031--012 **25.00

2019 OCT 23 PM 2:02

R. WHITE
OCT 09 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: The Man Kave BarberShop 2, 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:

Atiba Housen

Name of Person

The Man Kave BarberShop 2, LLC

Firm/Company

1635 Wells Rd. suite#2

Address

Orange Park, FL 32073

City/State and Zip Code

themankavebarbershop2@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Atiba Housen

646

529-9298

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for 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 ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building

2019 SEP 23 PM 2:02

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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	Santiago, Abner		<input type="checkbox"/> Add
		5911 110th Street	
		Jacksonville, FL 32244	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Matchett, James	11783 High Plains Dr. East	
		Jacksonville, FL 32218	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

FEI/EIN Number 83-4495245

[illegible]

(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)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

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

Dated 08-22-2019, _____

Signature of a member or authorized representative of a member

Atiba Housen

Typed or printed name of signee

ATiBA HOUSEW

646-529-9298

11627 DUBLIN GRAFTON DRIVE
RIVERVIEW, FL 33579