## 119000/30289

(Requestor's Name)	
(Address)	
<b>,</b>	
	<u> </u>
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Statu	ıs
Special Instructions to Filing Officer:	
Special mandeness to 1 ming amount	
wrong form 40°	£5

Office Use Only



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## **COVER LETTER**

TO: Registration Section Division of Corporations	* ·
	SHOP & SALON, LLC
Dear Sir or Madam:	
The enclosed application, certificate and fee(s) are	submitted for filing.
Please return all correspondence concerning this m	natter to the following:
MADVIN VOVANI MIGUEL B	)EDE7
MARVIN YOVANI MIGUEL P	
YOVANY'S BARBERSHOP & SALON	N, LLC
Firm/Company	
12435 COLLIER BLVD STE	103
Address	
Naples FL 34116	
City/State and Zip Code	
yovaniperez187@gmail.co	0
E-mail address: (to be used for future annual rep	
	2: 2:
For further information concerning this matter, plea	
Marvin Yovani Perez	(239) 692-5708
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following amount:  S25 Filing Fee \$30 Filing Fee & Certificate of Status	S55 Filing Fee & S60 Filing Fee, Certified Copy Certificate of Status & Certified Copy

CR2E055 (9/15)



July 2, 2019

MARVIN YOVANI MIGUEL PEREZ YOVANY'S BARBERSHOP & SALON, LLC 12435 COLLIER BLVD., STE 103 NAPLES, FL 34116

SUBJECT: YOVANY'S BARBERSHOP & SALON LLC

Ref. Number: L19000130289

We have received your document for YOVANY'S BARBERSHOP & SALON LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Foreign Limited Liability Company, but your entity is a Florida Limited Liability Company. 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) 245-6050.

Diane Cushing Senior Section Administrator

Letter Number: 219A00013452

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Yournell Barbordon & Salan 110

(Name of the Limited Liability Company	as it now appears on our records.)
(Name of the Limited Liability Company (A Florida Limited Lia	bility Company)
The Articles of Organization for this Limited Liability Company w	ere filed on 05/14/2019 and assigned
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the limited liabili</u>	
Yovani's Barbershop &	salon 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)	
	SION OF THE STATE
Enter new mailing address, if applicable:	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)	9 07
	PH SP
B. If amending the registered agent and/or registered offic	ce address on our records, enter the name of the new
registered agent and/or the new registered office address here:	5
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address

## 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.

City

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
			□ Remove
		<del></del>	☐ Change
		☐ Remove	
			Change
		☐ Remove	
			Change
		Add	
		□ Remove	
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		☐ Change	
			□ Remove
			[7] Chanan

Note:	tive date, if other than the date of filing: 08 01 20 19 (optional) Tective 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). If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nent's effective date on the Department of State's records.
the re	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	August 14 2019
	Signature of a number or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00