

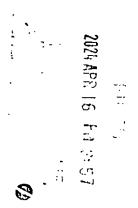
| (Requestor's Name)                      |
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| (Business Entity Name)                  |
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April 24, 2024

JOSE EDUARDO GONZALEZ 132 HIGHLAND DR FERN PARK, FL 32730

SUBJECT: MVP CLUB BARBER SUPPLY LLC

Ref. Number: L19000248923

We have received your document for MVP CLUB BARBER SUPPLY LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

The name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC." The abbreviations "Ltd." and "Co.", also are no longer acceptable. Please amend your document accordingly.

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) 245-6000.

Letter Number: 524A00008981

Rebekah White Regulatory Specialist III . The enclosed Articles of Amendment and fee(s) are submitted for filling.

Please return all correspondence concerning this matter to the following:

|                             | Jose Eduardo Gonzalez                           |   |   |
|-----------------------------|---|---|---|
|                             | <del> </del>                                    | Name of Person  | <del></del>   |
|                             | mypclubbarbersupply                             |   |   |
|                             |   | Firm/Company  |   |
|                             | 132 highland dr                                 |   |   |
|                             | Address   | <del></del>   |   |
|                             | fern park, Fern park                            |   |   |
|                             | <del></del>                                     | City/State and Zip Code   |   |
|                             | tgfcore@yahoo.com                               |   |   |
|                             | E-mail address: (                               | to be used for future annual report notifi-                         | cation)   |
| For further information c   | oncerning this matter, please ca                | all:  |   |
| Jose E Gonzalez             |   | 813 4940050<br>at ( )   |   |
| Name o                      | f Person  |   | Telephone Number  |
| Enclosed is a check for the | he following amount:                            |   |   |
| ■ \$25.00 Filing Fee        | ☐ \$30.00 Filing Fee &<br>Certificate of Status | □ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |

Mailing Address:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

Registration Section **Division of Corporations** The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee. FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Mypclubbarbersupply   |  |
|---|--|
| (Name of the Limited Liability Company a<br>(A Florida Limited Liabi  | s it now appears on our records.)<br>lity Company)           |
| The Articles of Organization for this Limited Liability Company wer Florida document number 1.19000248923             | re filed on 10-03-2019 and assigned                          |
| This amendment is submitted to amend the following:   |  |
| A. If amending name, enter the new name of the limited liability  | company here:  |
| TGF core L.L.C  |  |
| The new name must be distinguishable and contain the words "Limited Liability C                                       | 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)   | 8  |
| <del>-</del>  |  |
| B. If amending the registered agent and/or registered office add agent and/or the new registered office address here: | ress on our records, <u>enter the name of the new regist</u> |
| Name of New Registered Agent:   |  |
| New Registered Office Address:  | Enter Florida street address                                 |
|   | Florido  |
|   | , Florida<br>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.

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| an effective date is              | other than the date of filing:   |     |
|                                   | ve date on the Department of State's records.  |     |
| record specifies a<br>l is filed. | delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after | the |
| ated                              | Jose Eduardo Gonzulez  |     |
|                                   | toro Educado Garago  |     |
|                                   |  |     |
|                                   | Signature of a member or authorized representative of a member   |     |