

L19 000252831

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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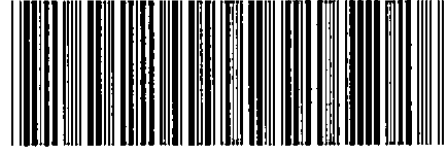
(Business Entity Name)

(Document Number)

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LA
2/23/21

TO: Registration Section
Division of Corporations

SUBJECT: Papuri's Barbershop styles on wheels,
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:

Carlos Cabreana
Name of Person

Papuri's Barbershop styles on wheels
Firm/Company

212 W. 15th St.
Address

Panama City, FL 32405
City/State and Zip Code

Jenrivera-fashion@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Carlos Cabreana at (850) 730-7499
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|---|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee &
Certificate of Status
Certified Copy
(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

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**ARTICLES OF ORGANIZATION
OF**

Papurrri's Barbershop styles on wheels, L
(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 10/08/2019

Florida document number 49000252831

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Papurrri's Barbershop LLC
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbrevi

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)

**B. If amending the registered agent and/or registered office address on our records, enter the name o
agent and/or the new registered office address here:**

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida street address

_____, Florida _____
City

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 provisions of all statutes relative to the proper and complete performance of my duties, and I am fum accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if t being filed to merely reflect a change in the registered office address, I hereby confirm that the limite company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Regist

or removed from our records:

MGR = Manager

AMBR = Authorized Member

Title

Name

Address

[illegible]

[illegible]

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not constitute the document's effective date on the Department of State's records.

Dated January 16, 2021

Eglo S Cabrera
Signature of a member or authorized representative of a member

Carlos Cabrera

Typed or printed name of signee