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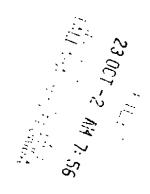
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COVER LETTER

Registration Section Division of Corporations

TO:

TITO BAR	BER SHOP L.L.C			
SUBJECT:	Name of Lim	ited Liability Company		
		•		
The enclosed Articles of	: Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Tito H. Martinez			
		Name of Person		
		Firm/Company		
	359 NE 167th ST			
		Address		
	North Miami Beach FL 33	162		
		City/State and Zip Code		
	titomarti33@gmail.com			
	E-mail address: (to be used for future annual report not	tification)	
For further information of	oncerning this matter, please c	all:		
Tito H. Martinez		786 277-6770 at ()		
Name o	f Person	Area Code Daytin	me Telephone Number	
Enclosed is a check for t	he following amount:			
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	© \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	 \$50.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed) 	
Mailing Address: Davietration Section		Street Address: Registration Section		
Registration Section Division of Corporations		Division of Corporations		
P.O. Box 6327		The Centre of Tallahassee		
Tallahassee,	FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

TITO BARBER SHOP L.L.C.

23007 11/1/2 4/17 7.58 (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

	were filed on 10/11/2019 and assigned
Florida document number L19000256910	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	lity company here:
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC."
Enter new principal offices address, if applicable:	359 NE 167th ST
(Principal office address MUST BE A STREET ADDRESS)	North Miami Beach FL 33162
Enter new mailing address, if applicable:	359 NE 167th St
(Mailing address MAY BE A POST OFFICE BOX)	North Miami Beach FL 33162
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent: New Registered Office Address:	
	Enter Florida street address
	Enter Florida street address Florida

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>	Address	Type of Action
		· ———	□Add
			□Remove
			□Change
			□Add
			Remove
			Change
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			Remove
			Change
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			□Change

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Effective date, if other than the d fan effective date is listed, the date must be Note: If the date inserted in this bloe document's effective date on the Dep	e specific and cannot be prio k does not meet the applic	r to date of filing or more that able statetory filing requ	(optional) in 90 days after filing.) Pursua direments, this date will no	ant to 605.0207 (of be listed as t
e record specifies a delayed effective or dis filed.	late, but not an effective t	ime, at 12:01 a.m. on the	earlier of: (b) The 90th	day after the
Dated September 22	. 2023	_ .,		
<u></u>	gnature of a member or auth	orized representative of a m	nember	
Tito H. Martinez	-	·		
THO FL WIGHTICZ	Typud or prin	ted name of signee		

ETT E ... 635 06