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(Requesto	or's Name)
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PICK-UP	WAIT MAIL
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Certified Copies	Certificates of Status
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COVER LETTER

TO:

TO: Registration Se Division of Co			
	DE BARBER SHOP LLC"		
SЦВЈЕСТ:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspondence	ondence concerning this matter	to the following:	
	JOSE GABRIEL BERMU	DEZ RODRIGUEZ	
		Name of Person	
	Name of Limited Liability Company of Amendment and fee(s) are submitted for filing. spondence concerning this matter to the following: JOSE GABRIEL BERMUDEZ RODRIGUEZ Name of Person Firm/Company 2109 FIESTA CT Address ORLANDO, FL 32811 City/State and Zip Code BLESSFADE@GMAIL.COM E-mail address: (to be used for future annual report notitication) on concerning this matter, please call: RMUDEZ RODRIGUEZ at (107		
	2109 FIESTA CT		
	ORLANDO, FL 32811	Address	Code Solution Sol
	-	DM .	
For further information of			
JOSE GABRIEL BERN	1UDEZ RODRIGUEZ	* * * * * * * * * * * * * * * * * * * *	
Name (of Person		e Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee		Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy
Mailing Addre Registration Division of O P.O. Box 63 Tallahassee,	Section Corporations 27	Registration Section Division of Corporation	ee



FLORIDA DEPARTMENT OF STATE Division of Corporations

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Letter Number: 420A00016334

August 26, 2020

JOSE GABRIEL BERMUDEZ RODRIGUEZ 2109 FIESTA CT ORLANDO, FL 32811

SUBJECT: BLESS FADE BARBER SHOP LLC"

Ref. Number: L19000268952

We have received your document for BLESS FADE BARBER SHOP 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.

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.

Rebekah White Regulatory Specialist II Supervisor

www.sunbiz.org

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BLESS FADE BARBER SHOP LLC"

20238 : 14 AM 8: 08

(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 L	iability Company	were filed on 10/28/2019	and assigned		
Florida document number L19000268952	 ·				
This amendment is submitted to amend the fol	lowing:				
A. If amending name, enter the new name of	of the limited liab	oility company here:			
BLESS FADE BARBER SHOP LLC					
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company." the designation "	LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:		2109 FIESTA CT			
(Principal office address MUST BE A STREET ADDRESS)		ORLANDO, FL. 32811			
-					
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		2109 FIESTA CT			
		ORLANDO, FL. 32811			
			 		
B. If amending the registered agent and/or	registered office	address on our records, <u>en</u>	ter the name of the new registered		
agent and/or the new registered office addre	ess here:				
Name of New Registered Agent:	JOSE GABRIEL BERMUDEZ RODRIGUEZ		Z		
New Registered Office Address:	2109 FIEST C	Γ			
		Enter Florida street aa	ldress		
	ORLANDO		, Florida ³²⁸¹¹		
		City	Zip Code		
Many Dandatana A. A. a. A. Citara A. Citara					

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.

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
CEO	Jose G. Bernudez	2109 FIESTA CT	
		ORLANDO, FL. 32811	■Remove
			□Change
MGR	Jose Gabriel Bernudez Rodriguez	2109 FIESTA CT	= Add
	Bermudez Rodriguez	ORLANDO, FL. 32811	□Remove
			□Change
MGR	Charmay M. (ruz	2109 FIESTA CT	□Add
		ORLANDO, FL. 32811	■Remove
			□Change
			□Add
		-	□Remove
			□ Change
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Effect	ive date, if other	than the date of	filing:			(optional)	
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locun	ent's effective date	on the Departmer	nt of State's rec	ords.	ary ming reduite	nenes, ims date wi	ii not be listed as
	d specifies a delaye	d effective date. b	ut not an affect	ivo timo au 12:0)	dina - C. d. s	004 1 6 1
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Typed or printed name of signee