L19000305647

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SECRETARY OF STATE
TALLAHASSES TATE

amend.

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D CUSHING

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: 5 Stars Par Ders ; J	imited Frability Company
The enclosed Articles of Amendment and fee(s) are so	ubmitted for filing.
Please return all correspondence concerning this matter	er to the following:
Helm	er Pagaza Name of Person
5 Stars Barba	er Armited frability Company Firm/Company
330 Bur	uech Blyd. Address
Tavares,	City/State and Zip Code
Five Stars bar E-mail address	City/State and Zip Code be(S 0) Compail . COM : (to be used for filture annual report notification) call:
For further information concerning this matter, please	
Helmer Dedraza Namo of Person	at (HD) (HQ - 2) 19 MS Area Code Daytime Telephone Number 15 5
Enclosed is a check for the following amount:	
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address:	Street Address:
Registration Section Division of Corporations	Registration Section Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303



RESEIVED

FLORIDA DEPARTMENT OF STATE

Division of Communication of

March 30, 2021

HELMER PEDRAZA 330 W BURLEIGH BLVD TAVARES, FL 32778

SUBJECT: 5 STARS BARBERS, L.L.C.

Ref. Number: L19000305647

We have received your document and check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

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) 245-6050.

Jehunin Snot

Querida R Moore Regulatory Specialist II

Letter Number: 121A00006654

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liability Company were filed on Articles of Organization for this Limited Liability Company were filed on Articles of Organization for this Limited Liability Company were filed on Articles of Organization for the absence of the limited liability Company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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 of the new registered agent and/or the new registered Address: New Registered Office Address: Active Florida street address Applicable Florida 3278 Zip Code	5 Stars Carbors, Jimited Cability Con (Name of the Limited Liability Con (A Florida Limited)	npany as it now appears on our records.) ed Liability Company)
A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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 of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: A Company, "the designation "LLC" or the abbreviation "LLC" or the abb	\(\forall \) \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	and assigned and assigned
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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 of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: New Registered Office Address: TAYACLS Florida 3278	This amendment is submitted to amend the following:	
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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 of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: New Registered Office Address: ANAMAR S. Florida 3278	(Principal office address MUST BE A STREET ADDRESS)	
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New Registered Office Address: 330 W. BLY 194 BVd Enter Florida street address TAYACES, Florida 32778		· · · —
Enter Florida street address TAVACES, Florida 32778	Name of New Registered Agent: Heli	mer Pedraza
	New Registered Office Address:	Enter Florida street addiess
	TAVA	1-1-1

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.

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
Smbe	Updura fordraza	330 W. Burlugh Blvd	□Add
	J	TAVAres, FL 32778	Nemove
			Change
Ambr	Helmer Podraza	330 Burligh Blvd	CV/Adu
		TAYLORS TO 32778	□Remove
			□Change
MUL	Helmer Pendrava	330 W. Burlough Blvd	□Add
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Effective date, if other than the date of filting:	
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Signature of a member or authorized representative of a member	

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