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20FEB 24 FH PE: 06

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Dream Team Barbeshop LLC 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:
Inette M. Castano
Firm/Company
9687 Lingwood Trail
Orlando, Florida 32817 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Anette M. Castaño at (407) 967 · 8375 Name of Person Daytime Telephone Number
Enclosed is a check for the following amount:
■ \$25.00 Filing Fee

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

Dream Team	Barbershoo	LLC
(<u>Name of the Limited Liability Co</u>) (A Florida Limi	mpany as it-now appears on o ted Liability Company)	our records.)
The Articles of Organization for this Limited Liability Compa Florida document number <u>L. 2.00003844</u> 1	any were filed on <u>OI</u> O	$\frac{31/2020}{}$ and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited I Dream Team The new name must be distinguishable and contain the words "Limited I.	Barbers	
Enter new principal offices address, if applicable:		20 F
(Principal office address MUST BE A STREET ADDRESS	2	
	····	
Enter new mailing address, if applicable:		<u>し</u> あり
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
B. If amending the registered agent and/or registered offi agent and/or the new registered office address here:	ce address on our record	ls, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida sti	reet address
		, Florida
	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.

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>	Name	<u>Address</u>	Type of Action
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		-	□Remove
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Effective date, if of If an effective date is lis Note: If the date ins document's effective	ted, the date must be sp erted in this block de	ecific and car ses not mee	t the applica	o date of filing o	or more than 90 d iling requireme	_ (optiona ays after fili ents, this da	ig.) Pursua	ant to 605.0 of be listed	0207 (I as t
e record specifies a d rd is filed.	elayed effective date	, but not an	effective tin	ne, at 12:01 a.	m, on the earlie	er of: (b)	The 90th	day after t	the
Dated <u>F-eb</u>	11		2020 7 #						
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Filing Fee: \$25.00