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(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT M	AIL
(Business Entity Name)	<u> </u>
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COVER LETTER

Divis	sion of Corp	porations			
SUBJECT:	NEWU BAI	RBERSHOP & MOBILE SEI	RVICES, LLC		
SUBJECT:		Name of Lin	nited Liability Company		
The enclosed	Articles of A	Amendment and fee(s) are sub	omitted for filing.		
Please return ;	all correspor	idence concerning this matter	to the following:		
		OMAR JOHNSON			
			Name of Person		
		NEWU BARBERSHOP &	& MOBILE SERVICES, LLC		
			Firm/Company		
		4346 EMERALD VISTA			
			Address		
		LAKE WORTH, FL 3346	51		
			City/State and Zip Code		
		OAJOHNSON84@GMAII	L.COM (to be used for future annual report notification)	to	≤in Sin
				798 7.38	
For further int	tormation co	ncerning this matter, please c	call:	-	육뙭크
CANDICE JO	OHNSON		703 943-0048	····· cr	- 0.250 - 0.
	Name of	Person	Area Code Daytime Telepho	ne Number 🦸	
Enclosed is a	check for the	e following amount:			9:55 (4:50)
□ \$25.00 Fi	ling 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)	

TO:

Registration Section

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

NEWU BARBERSHOP & MOBILE SERVICES, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

pany were med on	and assigned
liability company here;	
Liability Company," the desig	nation "LLC" or the abbreviation "L.L.C."
<u></u>	
fice address on our reco	rds, enter the name of the new registered
Enter Florida .	street address
	Florida
City	Zip Code
•	
<u>gent:</u>	
	Liability Company," the design S) Fince address on our reconstitution of the second s

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
MR.	OMAR JOHNSON	4346 EMERALD VISTA	Add
		LAKE WORTH, FL 33461	□Remove
			□Change
			□Add
			Remove
			□Change
			□Add
		<u></u>	□Remove
			□Change
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(If an effe <u>Note:</u>	re date, if other than the date of filing: [3/2/2020] [4 (optional) (optional) [5 (iv) date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3) (a) (b) the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the new office on the Department of State's records.
f the record ecord is file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the d.
Dated _	MARCH 5 2020
	Signature of a member or authorized representative of a member
	CANDICE JOHNSON
	Typed or printed name of signee

Filing Fee: \$25.00