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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : SANDRA CASTILLO TAX SERVICE LLC

Account Number : I20190000047 Phone : (321)946-6560 Fax Number : (866)704-9120

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Ac	idress:		

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN M&J BARBERSHOP I LLC



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Tallahassee, FL 32314

COVER LETTER

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SUBJECT:			BERSHOP I LLC	
SOBJECT: _			nited Liability Company	
The enclosed A	Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return a	il согте <mark>зр</mark> о	ndence concerning this matter	to the following:	
			MOISES PEREYRA	
			Name of Person	
		M	&J BARBERSHOP (LLC	
			Firm/Company	
		43	46 W VINE ST	
		· · · · · · · · · · · · · · · · · · ·	Address	
		KIS	SIMMEE, FL 34746	
			City/State and Zip Code	
			SP23_@HOTMAIL.COM	
For further info	ormation co	e-mail address: (oncerning this matter, please c	to be used for future annual report n	ottication)
SANDRA DAI	NIS RAMO	os	407 205 0002	
	Name of	Person	Area Code Dayt	ime Telephone Number
Enclosed is a cl	heck for th	e following amount:		
■ \$25,00 Fili	ng Fcc	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	ng <u>Addres</u> stration S		<u>Street Address:</u> Registration S	Section
Divis	ion of Co	orporations	Division of C	orporations
P.O.	Box 632'	7	The Centre of	Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

M&J BARBERSHOP | LLC (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 Liability Company were filed on 03/16/2020 _ and assigned Florida document number L20000082565 This amendment is submitted to amend the following: 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 "L.L.C." 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: ڢ MOISES PEREYRA Name of New Registered Agent: 609 KEPPEL CT New Registered Office Address: Enter Florida street address , Florida ³⁴⁷⁴⁶ Zip Code KISSIMMEE

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
AMBR	JIMMY DE JESUS JIMENEZ	4650 PRAIRIE POINT ST	
		KISSIMMEE, FL 34746	= Remove
		<u> </u>	☐ Change
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ord specifies a delayed effective d filed.	late, but not an effective	e time, at 12:01 a.	m. on the earlier of	f: (b) The 90th day af	ter the
d AUGUST 14	2023	·			
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