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PICK-UP	☐ WAIT	MAIL
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COVER LETTER

TO:

Registration Section

Division	n of Corp	oorations	•				
	STER TE	IE BARBER LLC	. •				
SUBJECT:		. Name of Limi	ted Liability Company				
The enclosed Ar	ticles of A	Amendment and fee(s) are sub-	mitted for filing.				
Please return all	correspor	ndence concerning this matter t	to the following:				
		GREGORY L SHACK					
			Name of Person				
		BUSTER THE BARBER I	.LC				
			Firm/Company				
		1969 BENEDICT ROAD					
		· · · · · · · · · · · · · · · · · · ·	Address				
	JACKSONVILLE, FL 32209						
			City/State and Zip Code				
		BUSTERTHEBARBERLLO	C@GMAIL.COM				
		E-mail address: (t	o be used for future annual report noti	fication)	<u></u> (5)	202i	
For further infor	mation co	oncerning this matter, please ca	ill:		75 75	2020 SEP 24	,
GREGORY SH	ACK	• .	904 419-3759			12:	
	Name of	Person ,	at () Area Code Daytim	e Telephone Number		PH 12: 30	
					700	:3	
Unclosed is a ch	eck for th	e following amount:			12 1	(S)	
		. •	□ 655 00 PH	(T) 60 00 1"1			
□ \$ 25.00 Filin	ig Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (e of Status		
Regist Divisi P.O. I	30x 632	lection or	Street Address: Registration Se Division of Cor The Centre of T	porations	10		
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Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BUSTER THE BARBER LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited l	ny as it now appears on our records.) Liability Company)	<u> </u>
The Articles of Organization for this Limited Liability Company	were filed on (04/14/2020)	and assigned
Florida document number 1.20000102886		
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liab</u>	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	JACKSONVILLE, FLORIDA 32209	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
	14	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the nam	رے ایس
·		ATT SEP
Name of New Registered Agent:		
New Registered Office Address:		P :
	Enter Florida street address	Fig. 59
· .	Florida	8
•,	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>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	RAQUE LAMAR	1969 BENEDICT RD	□Add
		JACKSONVILLE. FL 32209	Remove
			Cl Change
MGR	GREGORY SHACK	PO BOX 26282	= Add
		JACKSONVILLE, FL 32226	□Remove
			☐Change
			□Add
			□Remove
			2020 SEP 24 P
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Filing Fee: \$25.00