

6/30/2021

Division of Corporations

L20000121538

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : NATIONS BUSINESS CENTER, INC.  
Account Number : I20000000238  
Phone : (305)591-9448  
Fax Number : (954)753-3447

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

Email Address: \_\_\_\_\_

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
ALL IN ONE BARBERS LLC**

Certificate of Status	0
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BB 7/1/21

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

ALL IN ONE BARBERS 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 \_\_\_\_\_ and assigned  
Florida document number L20000121538.

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:**

Name of New Registered Agent: Omar Vargas

New Registered Office Address: 10540 Wiles Road  
Enter Florida street address

Coral Springs, Florida 33076  
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>	<u>Type of Action</u>
MGR	Antony X Merino	9963 NW 46th Court	<input type="checkbox"/> Add
		Parkland FL 33076	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Omar Vargas	3940 Coral Springs Drive Apt S	<input checked="" type="checkbox"/> Add
		Coral Springs FL 33065	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Jessica Rodriguez	3940 Coral Springs Drive Apt S	<input checked="" type="checkbox"/> Add
		Coral Springs FL 33065	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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