

6/30/2021

Division of Corporations

L20000121538
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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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
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

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2021 JUN 30 PM 1:42

2021 JUN 30 AM 9:50
SECRETARY OF STATE
FILING DIVISION

FILED

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)

Handwritten address lines with a stamp: JUN 30 AM 9:50

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.

Handwritten signature

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
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

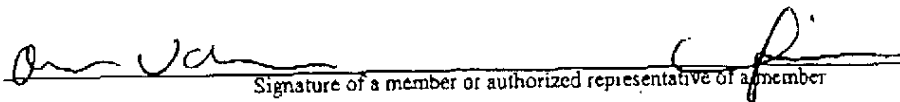
D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

2021 JUN 30 AM 9:50
 SECRETARY OF STATE
 DIVISION OF RECORDS

E. Effective date, if other than the date of filing: _____ (optional)
 (If an effective 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)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated June 29, 2021


 Signature of a member or authorized representative of a member

Omar Vargas AMBR

Typed or printed name of signee