

L20000 124 892

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

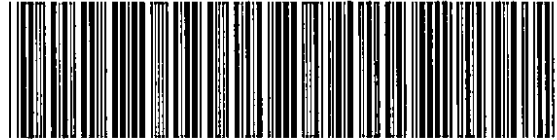
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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07/26/20 --01011--010 **52.50

07/07/20 01032-015 **07.50

2020 JUL -6 AM 9:58

FILED

JUL 07 2020
S. YOUNG



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 17, 2020

HECTOR H RODRIGUEZ
BARBER STUDIO BY E LLC
8526 GRAND ASPEN WAY
RIVERVIEW, FL 33578

SUBJECT: BARBER STUDIO BY E LLC
Ref. Number: L20000124892

We have received your document for BARBER STUDIO BY E LLC and check(s) totaling \$52.50. However, the document has not been filed and is being returned for the following reason(s):

There is a balance due of \$7.50. Please return a copy of this letter to ensure your money is properly credited.

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Shelia H Young
Regulatory Specialist II

Letter Number: 720A00011928

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BARBER STUDIO BY E LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

HECTOR H. RODRIGUEZ

Name of Person

BARBER STUDIO BY E LLC

Firm/Company

8526 GRAND ASPEN WAY

Address

RIVERVIEW, FL 33578

City/State and Zip Code

EKTORBARBER6704@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

HECTOR H. RODRIGUEZ

Name of Person

at (787)

Area Code

341-0628

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing 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)

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

BARBER Studio By E 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 05/08/2020 and assigned
Florida document number L20000124892

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

8526 GRAND ASPEN WAY
RIVERVIEW FL, 33578

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

8526 GRAND ASPEN WAY
RIVERVIEW FL 33578

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:

N/A

New Registered Office Address:

N/A

Enter Florida street address

Florida

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 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>	<u>Address</u>	<u>Type of Action</u>
_____	<u>N/A</u>	<u>N/A</u>	_____ <input type="checkbox"/> Add
			_____ <input type="checkbox"/> Remove
			_____ <input type="checkbox"/> Change
_____	_____	_____	_____ <input type="checkbox"/> Add
			_____ <input type="checkbox"/> Remove
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			_____ <input type="checkbox"/> Remove
			_____ <input type="checkbox"/> Change

[illegible]

(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)

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 07/02/2020

Signature of a member or authorized representative

Signature of a member or authorized representative of a member

HECTOR H. RODRIGUEZ

Typed or printed name of signer