

L20 000 144420

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

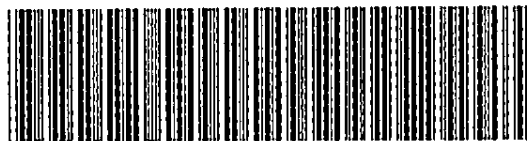
(Business Entity Name)

(Document Number)

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2020 JUL 28 AM 7:07

CLERK OF SUPERIOR COURT
DIVISION OF OCCUPATION
BATEMAN, FLORIDA

SEP 19 2020

S. YOUNG

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: KING OF CUTS BARBERSHOP 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:

MENAR MONDELUS

Name of Person

KING OF CUTS BARBERSHOP LLC

Firm/Company

5876 AZALEA CIR

Address

WEST PALM BEACH 33415

City/State and Zip Code

KINGOFCUTSBARBERSHOP1@GMAIL.COM

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

For further information concerning this matter, please call:

MENAR MONDELUS

561

9457869

Name of Person

at ()

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

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2028 JUL 28 AM 10:07

DEPARTMENT OF STATE
U.S. EMBASSY
WASHINGTON, D.C.

and assigned

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

This amendment is submitted to amend the following:

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

(continued)

_____, **Florida** _____
City *Zip Code*

If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager
AMBR = Authorized Member

[illegible]

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

I JUST WANT TO CHANGE MY TITLE FROM " P" TO "MGR". I'M TRYING TO OPEN A BUSINESS BANK
ACCOUNT BUT I COULDN'T BECAUSE OF THE TITLE. THANK YOU

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 _____ . _____ .

Signature of a member or authorized representative of a member

MENAR MONDELUS

Typed or printed name of signee