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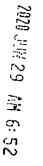
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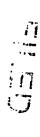
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AUG 12 2020 S. YOUNG





COVER LETTER

TO: Registration Se Division of Con						
	E MOBILE BARBERSHOP LI	LC				
SUBJECT:	Name of Lin	nited Liability Company				
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.				
Please return all correspo	ondence concerning this matter	to the following:				
	EDSON JAVIER BENEJA	AN				
		Name of Person				
		Firm/Company				
	1625 APRIL AVE					
		Address				
	DELTONA, FI. 32725					
	PRESTIGEMOBILEBARE	City/State and Zip Code BERSHOP@GMAIL.COM				
For further information of	E-mail address: (concerning this matter, please c	to be used for future annual report no	tification)			
EDSON BENEJAN	sensorming and marker, premier	386 479-9054				
Name of Person		at () Area Code Daytii	me Telephone Number			
Enclosed is a check for t	he 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		Street Address: Registration So	ection			
Division of C	Corporations	Division of Corporations				
P.O. Box 632 Tallahassee,		The Centre of Tallahassee 2415 N. Monroe Street, Suite 810				

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PRESTIGE MOBILE BARBERSHO		
(Name of the Limited	d Liability Company as it now appears on our recor A Florida Limited Liability Company)	<u>ds.</u>)
(4	A Croman Diffrict Claumity Company)	The state of the s
The Articles of Organization for this Limited Lia	bility Company were filed on 06/04/2020	and assigned
Florida document number L20000152796		星
		တ္ ်
This amendment is submitted to amend the follow	wing:	6: 52
A. If amending name, enter the new name of	the limited liability company here:	
PRESTIGE MOBILE CUTZ LLC		
The new name must be distinguishable and contain the wo	rds "Limited Liability Company," the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applica	ble	
• • • • • • • • • • • • • • • • • • • •	-	
<u>(Principal office address MUST BE A STREET</u>	<u>ADDRESS)</u>	
Enter new mailing address, if applicable:		
• • • • • • • • • • • • • • • • • • • •		
(Mailing address MAY BE A POST OFFICE B	<u></u>	
	-	
B. If amending the registered agent and/or registered affice address		r the name of the new registere
agent and/or the new registered office address	nere:	
Name of New Registered Agent:		
New Registered Office Address:		
The state of the s	Enter Florida street addre	788
	r	lorida
	City	Zin 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>	Address	Type of Action	
			□Add	
			□ Remove	
			Change	
			🗆 Add	
			Remove	
			Change	
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an effective ote: If th	date, if other e date is listed, to se date inserted s effective dat	the date must din this bloc	be specific ck does no	and canno	nt be prior to d ne applicable	ate of filing o	r more than	90 days a	ptional) ifter filing.) I this date w	Pursuant to 605.0
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