L20 000160820

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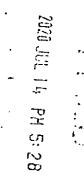


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JUL 1 4 2020

AUG 25 2020 S. YOUNG



COVER LETTER

TO: Registration S Division of Co			
SUBJECT: j	Rey's Bar	bershop L.L ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Reinier	Alambarro Name of Person	j
	Rey's	Barber Shop Firm/Company	LIC
	<u>15220 SW</u>	300 ST	
	Homest	ead F1 3302	3
	Raismo	City/State and Zip Code LN 656 ho+mo to be used for future annual report no	ul Com
For further information	concerning this matter, please ca	all:	
Reinier	Alambarry of Person	at (<u>305)</u> <u>844</u> Area Code Daytir	- 8427 me Telephone Number
Enclosed is a check for t	he following amount:		
S \$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 **ARTICLES OF ORGANIZATION OF**

Key's Barbe	rshop	LLC	,		
(A Florid	ity Company as it r la Limited Liability (now appear Company)	s on our record	<u>s.</u>) ·	2020
The Articles of Organization for this Limited Liability Of Florida document number <u>L 20001 608 20</u> This amendment is submitted to amend the following:	• •	led on	04/11/	<u>30ā0</u> .	Und assigned PPH 5:
A. If amending name, enter the new name of the lim	nited liability cor	mpany he	ere:	•	28
The new name must be distinguishable and contain the words "Lin	nited Liability Comp	pany," the d	esignation "LLC	" or the abbrevia	tion "L.L.C."
Enter new principal offices address, if applicable:					<u> </u>
(Principal office address MUST BE A STREET ADDI	RESS)				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)					
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	ed office address	on our re	ecords, <u>enter</u>	<u>the name of t</u>	he new registere
Name of New Registered Agent:					
New Registered Office Address:				-	
		Enter Flor.	ida street address	·	
<u> </u>	City		Flo	orida) Code
New Registered Agent's Signature, if changing Registere	•	•		Zų	o Coae
I have be appoint the appointment of the control of					

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>	Address	Type of Action
AMBR	Reinier Alambary	15220 SW 300thst Homestead Fl 33033	SAdd
	J	Homestead F1 33033	□Remove
			□Change
			□Add
			□Remove
			□Change
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Effectiv	e date, if other than the date of filing:(optional)	
Note:	tive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be	to 605.0207 oc listed as t
aocume	it's effective date on the Department of State's records.	
record d is file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day l.	y after the
Dated	July 9 . 2020	
_	The Day	
	- same and	
	Signature of a member or authorized representative of a member	
	Reinier Alambarry Typed or printed name of signee	