LZ0000163592

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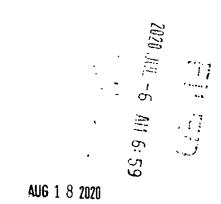
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S. YOUNG

COVER LETTER

Registration Section

Division of Corporations

TO:

	rbershop LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Briam Garcia		
		Name of Person	
	Revived Barbershop LLC		
		Firm/Company	
	15440 SW 284TH ST UNI	T 5203	
		Address	· · · · · · · · · · · · · · · · · · ·
	Homestead, FL 33033		
	···	City/State and Zip Code	
	briam.garcia@aol.com		
	E-mail address: (to be used for future annual report noti	fication)
For further information c	oncerning this matter, please co	all:	
Briam Garcia		305 423-5522 at ()	
Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is a check for the	ne following amount:		
□ \$25.00 Filing Fee	☐ \$30,00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration S Division of C	Section Corporations	Street Address: Registration Se Division of Co	rporations
P.O. Box 632 Tallahassee, l		The Centre of T 2415 N. Monro	ramanassec e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

29,

Revived Barbershop LLC		
•	y Company as it now appears on our records.) Limited Liability Company)	
Articles of Organization for this Limited Liability C	ompany were filed on 06/15/2020	and assigned
ida document number 1.20000163592	<u>_</u> .	. ი.
s amendment is submitted to amend the following:		9
If amending name, <u>enter the new name of the limi</u>	ted liability company here:	
new name must be distinguishable and contain the words "Limi	ited Liability Company," the designation "LLC" or t	he abbreviation "L.L.C."
er new principal offices address, if applicable:		
ncipal office address MUST BE A STREET ADDR	<u> </u>	
er new mailing address, if applicable:		
iling address MAY BE A POST OFFICE BOX)		
f amending the registered agent and/or registered it and/or the new registered office address here:	office address on our records, <u>enter the</u> i	name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	,	
	Enter Florida street address	
	, Florida	Zip Code

Registered Agent's Signature, if changing Registered Agent:

reby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the visions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and pt the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is g filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability pany 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>	<u>Address</u>	Type of Action
AMBR	Briam Garcia	15440 SW 284TH ST UNIT 5203	
		Homestead, FL 33033	□Remove
			☐Change
MGR	Briam Garcia	15440 SW 284TH ST UNIT 5203	■Add
		Homestead, FL 33033	□Remove
			Change
			□ Add
			□Remove
			□Change
			□Add
			Remove
			□ Change
			🗆 Add
			□ Remove
			□Remove
			□ Change

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			06/27.	/2020				•-	
an effective da fote: If the c	e, if other than tte is listed, the date ate inserted in th Tective date on th	must be specific is block does n	and cannot bot meet the a	applicable si	of filing or meaturory filing	ore than 90 d g requireme	_ (optiona ays after tilir nts, this da	ıg.) Pursuant t	o 605,0207 e listed as
record speci lis filed.	fies a delayed effi	ective date, but	not an effec	rtive time, at	12:01 a.m. o	on the earlic	er of: (b)	The 90th day	after the
ated	6/279/	2020	- · - /	·					
		149							
		Sognature o	f a member	authorized	representative	of a member	,		_
n.	iam Garcia		-						