LZO 000 182043

(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:					





500349730945

-08/06/20--01005--026 **25.00



SEP 2 4 2020 S. YOUNG

COVER LETTER

	Registration So Division of Cor			
CHD HECT	CARTERS	S BARBER CREW, LLC		
SUBJEC	· ·	Name of Lim	ited Liability Company	
The enclos	sed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please reti	arn all correspo	ondence concerning this matter	to the following:	
		BRENDA J CARTER		
			Name of Person	
			Firm/Company	
404 7TH STREET S				
	Address DUNDEE, FL 33838			
		BJCARTER41@OUTLOO	City/State and Zip Code K.COM	
		E-mail address: (to be used for future annual report no	tification)
For furthe	r information c	concerning this matter, please c	alt:	
Brenda J.	Carter		863 514-8884	
	Name (of Person	at () Area Code Daytir	ne Telephone Number
Enclosed i	is a check for t	he following amount:		
\$25.0	0 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 Se	ection	
Division of Corporations		Division of Corporations		
P.O. Box 6327			The Centre of Tallahassee	
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CARTER'S BARBER CREW, 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 JUNE 2020 Florida document number $\frac{1.20000182063}{1.20000182063}$ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: WAYLON'S ON 92 BARBERSHOP LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 3009 US HWY 92 SUITE #3 Enter new principal offices address, if applicable: WINTER HAVEN FLORIDA 33881 (Principal office address MUST BE A STREET ADDRESS) 3009 US HWY 92 SUITE #3 Enter new mailing address, if applicable: WINTER HAVEN FLORIDA 33881 (Mailing address MAY BE A POST OFFICE BOX) 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: REMAINS THE SAME (BRENDA CARTER) Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Florida

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
OWNER	BRENDA J CARTER	404 7TH ST., S, DUNDEE, FL 33838	■Add
	same before.		□Remove
	as per		Change
			□Add
	_		□Remove
			□Change
		· · · · · · · · · · · · · · · · · · ·	🗆 Add
			□Remove
			□ Change
			DAdd
		 	□Remove
			□Change
			□Add
			□Remove
			□Change
		 	
			Remove
			□ Change

). If amending	any other information, enter change(s) here: (Attach additional sheets, if necessary.)
JUST C	HANGING THE NAME.
	
	
Note: If the d	e, if other than the date of filing: (optional) the 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) hate inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the fective date on the Department of State's records.
the record specit cord is filed.	ties a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated JUNE	21 2020
	Breuf Cartie
	Signature of a member or authorized representative of a member Take to dec.
	Typed or printed name of signee

Filing Fee: \$25.00