

L20 000 232 986

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

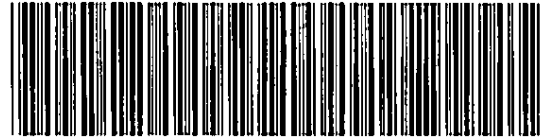
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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: THE URBAN SHAVE AT LAKEWOOD RANCH 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:

IBRAHIM SAAD

Name of Person

THE URBAN SHAVE AT LAKEWOOD RANCH LLC

Firm/Company

13502 SWIFTWATER WAY

Address

BRADENTON, FLORIDA 34211

City/State and Zip Code

isaad4784@gmail.com

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

For further information concerning this matter, please call:

IBRAHIM SAAD

941 400-1581
at ()
Area Code Daytime Telephone Number

Name of Person

Enclosed is a check for the 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
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
TO
ARTICLES OF ORGANIZATION
OF**

THE URBAN SHAVE AT LAKEWOOD RANCH 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 08/04/2020 and assigned Florida document number L20000232986.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

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

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(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:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

_____, **Florida** _____
City Zip 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 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>	<u>Address</u>	<u>Type of Action</u>
AMBR	GUSTAVO J. P. GARCIA	617 GATES CREEK RD	<input type="checkbox"/> Add
		BRADENTON, FL 34212	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	DENVER INOPIQUEZ	560 HONEYFLOWER LOOP	<input checked="" type="checkbox"/> Add
		BRADENTON, FL 34212	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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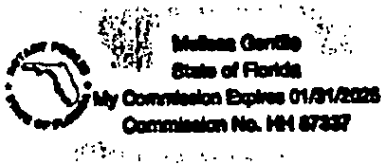
FLORIDA NOTARY ACKNOWLEDGEMENT

STATE OF FLORIDA

COUNTY OF Manatee

The foregoing instrument, "ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF THE URBAN SHAVE AT LAKEWOOD RANCH LLC" was acknowledged before me by means of physical presence online notarization, this 20th day of SEPTEMBER, 2022 by GUSTAVO JOSE-PARRA GARCIA.

(Seal)



Melissa Gentile

Signature of Notary Public

Melissa Gentile

Print, Type or Stamp Name of Notary

Personally Known:

OR Produced Identification: -

Type of Identification Produced: Florida Driver License