

L20000244367

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

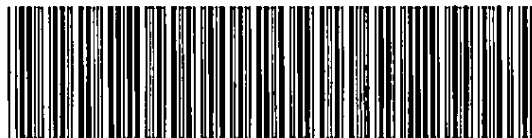
(Business Entity Name)

(Document Number)

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MILWAUKEE, WI 53201

2009 AUG 31 AM 11:00

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: W BARBER SHOP LIMITED LIABILITY COMPANY  
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:

ULRICK WILLIAM

Name of Person

Firm/Company

781 SOUTH STATE ROAD 7

Address

PLANTATION, FL 33317

City/State and Zip Code

WILLIAMS00912@GMAIL.COM

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

For further information concerning this matter, please call:

ULRICK WILLIAM

754

234-7008

at ( )

Name of Person

Area Code

Daytime Telephone Number

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**

W BARBER SHOP LIMITED LIABILITY COMPANY

(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 08/11/2020 and assigned  
Florida document number L20000244367.

This amendment is submitted to amend the following:

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

W BARBERSHOP LLC

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

**Enter new principal offices address, if applicable:**

(Principal office address MUST BE A STREET ADDRESS)

781 SOUTH STATE ROAD 7

PLANTATION, FL 33317

**Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

1177 ARIZONA AVE

FORT LAUDERDALE, FL 33312

**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: ULRICK WILLIAM

New Registered Office Address: 781 SOUTH STATE ROAD 7

*Enter Florida street address*

PLANTATION, Florida 33317

*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>
MGR	WILLIAM ULRICK	781 SOUTH STATE RD 7	<input checked="" type="checkbox"/> Add
		PLANTATION, FL 33317	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	WILLIAM ULRICK	781 SOUTH STATE RD 7	<input type="checkbox"/> Add
		PLANTATION, FL 33317	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

MY SPELLING NAME HAVE AN ERROR AND THE BUSINESS NAME ABRAVIATION

NAME WERE WILLIAM ULRCK PLEASE CHANGE TO CORRECT NAME IS ( WILLIAM ULRICK )

BUSINESS NAME WAS ( W BARBER SHOP LIMITED LIABILITY COMPANY )

PLEASE CHANGE TO ( W BARBERSHOP LLC )

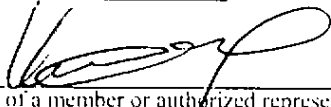
**E. Effective date, if other than the date of filing:** 08/26/2020 **(optional)**

(If an effective date 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)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated 08/26/2020

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

ULRICK WILLIAM

\_\_\_\_\_  
Typed or printed name of signee