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OCT 2 9 2020

S. YOUNG

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Elevate Mobile Barbersher 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:
Emmunuel Izquierdo Name of Person
LLC Firm/Company
8690 Weir du apt 206
Maples, FL 34104 City/State and Zip Code Izquier Lot mman vol 239 60 gma, 1. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Emmunuel Izquierdo at (239) 784-6358 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee

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

Elevate 11/10 The Articles of Organization for this Limited Liability Company were filed on August Florida document number <u>L20w248780</u> 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 Cin

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 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>	Name	<u>Address</u>	Type of Action
MGR	Emmanuel Izquianto	8690 Weir dr gpt 206 Muples, FL 34104	[]Add
		Maples, FL 34104	□Remove
			□Change
<u>AMBR</u>	Emmunul Izquierco	8690 Weir de get 206	🖰 Ādd
		Maples, FL 34104	
			□Change
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fect	tive date, if other than the date of filing: (optional)
in ct ote:	Tective 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. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as nent's effective date on the Department of State's records.
	rd 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 iled.
ited	9/4/2020
	A. Grillian
	Signature of a member or authorized representative of a member
	EMMUNUA IZGULEROW Typed or printed name of signee
	Cimillion reguleron