Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

Electronic Filing Cover Sheet

(((H20000331828 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6333

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.

Account Number : I20000000146 Phone : (305)444-4994 : (305)444-4977 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:_____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN TRADITIONS BARBERSHOP COMPANY, LLC

Certificate of Status	0
Certified Copy	U
Page Count	04
Estimated Charge	\$25.00

'SHIKER

SEP 2 4 Z0Z0

Electronic Filing Menu Corporate Filing Menu

Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TRADITIONS BARBERSHOP CO			
(Name of the Limi	ted Liability Company as it now appear (A Florida Limited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited L Florida document number L20000259540	iability Company were filed on $\frac{0}{2}$	(ر	
This amendment is submitted to amend the foll	lowing:	5	
A. If amending name, onter the new name of		<u>iere</u> :	
TRADITIONS BARBER COMPANY LLC			
The new name must be distinguishable and contain the	words "Limited Lizbility Company," the	designation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applie (Principal office address MUST BE A STREE	eable:		
TETHICIPAL OFFICE MILITESS SILCET FIELD CONSESS.			
Enter new mailing address, if applicable:			
<u>tMailing address MAY BE A POST OFFICE</u>	. <u>BOM</u>		
B. If amending the registered agent and/or agent and/or the new registered office address Name of New Registered Agent:	registered office address on our ess here: JASON CHALDER	records, enter the name of the new registered	
New Registered Office Address:	557 RIDGEWOOD STREET N		
New Neglected Street Lands	Enter Florida street address		
	PORT CHARLOTTE	Florida 33952 Zip Code	
	-	XIp Cone	
New Registered Agent's Signature, if changing			
I hereby accept the appointment as register provisions of all statutes relative to the pro- accept the obligations of my position as reg- being filed to merely reflect a change in the company has been notified in writing of thi	per and complete performance (gistered ogent as provided for in Fregistered office address, I her	(Chapter 602, F.S. Or, IJ this abcument is —	
		Gason Chalder	
	If Changing Registered :	Agent, Signature of New Registered Agent	

If amending Authorized Person(s) authorized to manage, enter the fitle, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	Name	Address	Type of Action
MGR	JASON CHALDER	557 RIDGEWOOD STREET NW	CAdd
<u> </u>		PORT CHARLOTTE, FL. 33952	□Remote
			≘ Change
			⊒Add
			©Remove
			□ Change
	enganista dan Militaria penganjarahakan da basa da meru da a da samunda da an amerikan	□Add	
		□Remove	
		☐Change	
		□Add	
		□Remove	
			□Change
			□Add
			□Remove
			Change
			ZAdd
			□Rепюче
		Change	

·	
<u></u>	
(It an effective d Note: If the	te, if other than the date of filing:
f the record speci ecord is filed.	fies 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	9/23/2020
	Javon Chalder
	Signature of a member or authorized representative of a member
14	SON CHALDER
	Typed or printed name of signee