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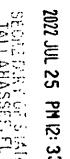
(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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## **COVER LETTER**

	tration Sect on of Corp			
SUBJECT: _	Top	Of the limit	ne barber	ShopLLC
The enclosed A	articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return al	I correspond	dence concerning this matter	to the following:	
		William	Marie of Person	
			Firm/Company	<del></del>
		2598 Grai	nce Valley Blv	d Apt 6212
		orange ci	City State and Zip Code	3
		WIII AM E-mail address: (6	to be used for future annual report noti	Daggeril. Com
For further info	ormation cor	ncerning this matter, please ca	ill:	
Willica	Name of I	actioe7 Person	at ( <u>2840) 4540</u> Area Code Daytim	e Telephone Number
Enclosed is a cl	heck for the	following amount:		
⊠ \$25.00 Fili	ing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60,00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Regis Divis	ng Address: stration Sesion of Co Box 6327	ection rporations	Street Address: Registration Section of Coron The Centre of T	porations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

TOP OF THE Limite	A Florida Limited Lic	y as it now appears on our ability Company)	2022 JUL 25 PM 12: 33 Proconds PRETARY OF STATE TALL AHASSEE, FL	
The Articles of Organization for this Limited Lia				
Florida document number <u>L200030</u>	0307			
This amendment is submitted to amend the follow	wing:			
A. If amending name, enter the new name of	the limited liabil	ity company here:		
The new name must be distinguishable and contain the wo	rds "Limited Liabilit	y Company." the designation	on "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applica	ble:			
(Principal office address MUST BE A STREET	ADDRESS)			
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE E	<u>(OX)</u>			
B. If amending the registered agent and/or reagent and/or the new registered office address		idress on our records,	enter the name of the new registere	<u>ed</u>
Name of New Registered Agent:	Willia	m Martin	167	
New Registered Office Address:	2548 G	Enter Florida stree	JEY BIVE APT #10	212
	Orange	City	Florida <u>32763</u> Zip Code	
New Registered Agent's Signature, if changing R.	egistered 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>	Address	Type of Action
AMBR	Chayanne Garcia	1200 Integra Landings I	o <u>C</u> □Add
		#3010	Remove
		Orange City, FL32762	_ □Change
AMBR	Juli77CISCOCHEZ	1200 Friegra Landings I	Add
		#306	<b>X</b> Remove
		orange City, FL 3:270	<b>Z</b> □Change
AMBR	William Martinez	2598 Grande valley Br	vod ivrad
		Apr # 6212	□Remove
		orange City, FL 3270	<u> </u>
			🗆 Add
			□Remove
			□Change
			□Add
		<del></del>	□Remove
			□Change
			□ Add
			□Remove
			□ Change

Effective date, if other than the date of filing:  [of an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days a Note: If the date inserted in this block does not meet the applicable statutory filing requirements, document's effective date on the Department of State's records.		
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	. (0) - 110 200	r day after it
ated July 19+0 . 2022.		
Jums Scereller		
Signature of a member or authorized representative of a member		