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(Requestor's Name)				
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PICK-UP WAIT MAIL				
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(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				





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COVER LETTER

Division of Corporations	
SUBJECT: KENDRICKKUTZ BARBERSHOP, 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:	
ANDRE KENDRICK SR	
ANDRE KENDRICK SR Name of Person	
KENDRICK KUTZ, LLC Firm/Company	
Firm/Company	
480 PONDEROSA CLRCLE	
Address	
1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
MIDWAY FL 32343 City/State and Zip Code	
•	
KENDRICKKUTZ@GMAIL. COM. E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
LATOYA KENDRICK 21,850, 210:7184	
Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status □ Certified Copy. □ Certificate of Status	g.
(additional copy is enclosed) Certified Copy	
(additional copy is enclosed)	ied)
Mailing Address: Street Address: Registration Section Registration Section	
Division of Corporations Division of Corporations	

P.O. Box 6327

Registration Section

TO:

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

	0.	2021 FF	8-8 AMII:54
KENDRICKKUT	L BARBER	SHOP SLIC	° -8 AMII: 54
(Name of the Limited	Liability Company as	it now appears on our rety Company)	ecords.)
			· .
The Articles of Organization for this Limited Liab		filed on $\frac{10 27}{}$	2 2020 and assigned
Florida document number <u>L20003352</u>	44		
This amendment is submitted to amend the follow	ing:		
A. If amending name, enter the new name of the	ne limited liability	company here:	
KENDRICK KUTZ	1 1-7		
The new name must be distinguishable and contain the word		mpany," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicab	le:	NIA	
(Principal office address MUST BE A STREET		·-·	
Enter new mailing address, if applicable:	-	NIA	
(Mailing address MAY BE A POST OFFICE BO	<u> </u>		
B. If amending the registered agent and/or reg agent and/or the new registered office address i		ess on our records, <u>e</u>	nter the name of the new registered
Name of New Registered Agent:	NIA		
New Registered Office Address:			
New Registered Office Address.	 	Enter Florida street a	uddress
			. 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 = Mana AMBR = Auth	ager orized Member	22 de 18 de	Flore Committee	
<u>Title</u>	Name	Address 2021 FEB -8	AM II: 54	Type of Action
	NA	SEC. A. A.	Here	□ Add
				□Remove
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				Remove

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	2021 FFR -8 AM 11: 54
	SECTION STREET TO
	
	licable statutory filing requirements, this date will not be listed as
l is filed.	time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
lated February 3 . 202 December of a member of a me	<u>.1</u> .
UR Cend 2	thorized representative of a member
signature of a national or and	The representative of a mornour
LATOYA R KENDRIC	nted name of signee

Filing Fee: \$25.00