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COVER LETTER

Division of Corp	orations			
SUBJECT:O	bile Baros Name of Lim	ERSHOP BY Vic	-, LLC	
The enclosed Articles of A	Amendment and fec(s) are sub	omitted for filing.		
Please return all correspon	ndence concerning this matter	to the following:		
	MARIO Stell 11390 Miami MRi	Name of Person A CONSULTING L Firm/Company SW 66 St Address F1. 33173 City/State and Zip Code 200 hotmall.com	2020 DEC 22 PH	Contract of the contract of th
For further information co	E-mail address: (to be used for future annual report notifi all:		محصر
MARION Name of	Kìzo Person	at (<u>305</u>) <u>305</u> Area Code Daytime	- 322 - 1555 Telephone Number	
Enclosed is a check for the	e 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)	

TO:

Registration Section

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Mobile Barbership & (Name of the Limited Liability Compar (A Florida Limited L	y as it new appears on our	records.)	
The Articles of Organization for this Limited Liability Company of Plorida document number <u>L 200037521</u> 5		30/2020 and assigned	d ,
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name of the limited liability of the new name of the new name of the limited liability of the new name of the n	1C- LI-C-	on "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		A 2020	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N	DEC 22 PH 2	· · · · · · · · · · · · · · · · · · ·
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records,	enter the name of the new reg	gistered
Name of New Registered Agent: New Registered Office Address:	NA		
	Enter Florida stree	, 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 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>	Type of Action
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			□Remove
			Change
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effective date is listed, t 2: If the date inserter	than the date of f the date must be specified in this block does re on the Department	c and cannot be prior to da not meet the applicable	2020 and of filing or more statutory filing r	than 90 da equiremen	(optional) lys after filing.) Punts, this date wil	rsuant to 605. I not be liste
ord specifies a delay filed.	ed effective date, but	t not an effective time,	at 12:01 a.m. on	the earlier	rof: (b) The 9	Oth day after
a Decomp	38V 17,					
	Signature	Vieto GA) of a member or authorized	Wis-	a momba-		
	Signature (o representative of	а пистиост		

Filing Fee: \$25.00