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(Requestor's Name)	_
(Address)	
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(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	-
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A. RIVERS



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10/21/21--01013--004 **25.00

COVER LETTER

TO: Registration Section
Division of Corporations

Tallahassee, FL 32314

	ARBERSHOP LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	MILENIS DIAZ FLEITA	S	
		Name of Person	
		Firm/Company	
	13568 SW 285TH TERR		
		Address	
	HOMESTEAD FL 33033		
		City/State and Zip Code	
	TAMY@MIAMIPROTAX	.COM (to be used for future annual report	notification)
For further information of	concerning this matter, please c		nonneation
MILENIS DIAZ FLEIT.	AS	786 808-659. at ()	5
Name o	of Person	Area Code Da	ytime Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration		Street Address	
Division of C		Registration Division of 0	Section Corporations
P.O. Box 632			of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

MAPI BARBERSHOP LLC		
(<u>Name of the Limited Liabil</u> (A Florid	lity Company as it now appears on our records. la Limited Liability Company)	
The Articles of Organization for this Limited Liability (Company were filed on 02/25/2021	and assigned
Florida document number L21000098167	·	
this amendment is submitted to amend the following:		
a. If amending name, enter the new name of the lim	nited liability company here:	
he new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Inter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDI	RESS)	
		
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
		_
. If amending the registered agent and/or registered	d office address on our records, <u>enter th</u>	e name of the new registe
gent and/or the new registered office address here:		
N. Ov. B		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
		ida
	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

Zip Code

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	MILENIS DIAZ FLEITAS	13568 SW 285TH TERR	≡ Add
		HOMESTEAD FL 33033	□Remove
			□Change
AMBR	AMBR LIA LUCIA CHIONG SALADRIG 45	13568 SW 285TH TERR	
		HOMESTEAD FL 33033	□Remove
			□Change
PRES	MILENIS DIAZ FLEITAS	13568 SW 285TH TERR	
		HOMESTEAD FL 33033	Remove
			□Change
VPRES	/PRES LIA CHONG SALADRIGOS	13568 SW 285TH TERR	
		HOMESTEAD FL 33033	■Remove
			Change
	_		□Add
			□Remove
			□ Change
			□Add
			□ Remove
			□ Change

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an effective date ote: If the dat	e is listed, the dat te inserted in tl	n the date of te must be specif his block does the Departmen	ic and cannot be not meet the a	prior to date of pplicable statu	filing or more th tory filing req	an 90 days afte	i onal) r filing.) Pursuan is date will not	t to 605.0207 be listed as
	s a delayed efi	fective date, bu	it not an effect	ive time, at 12	:01 a.in. on th	e earlier of: (l	o) The 90th da	ay after the
record specifie is filed.								
record specified is filed. SEPTEM atcd	IBER	01	2021	<u> </u>				
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