L21 000 137 146

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	= #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
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Certified Copies	Certificates	of Status
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Special Instructions to	Filing Officer:	
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Office Use Only



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COVER LETTER

TO: Registration S Division of Co					
	BarbershopLLC				
SUBJECT: Name of Limited Liability Company					
The enclosed Articles of	of Amendment and fee(s) are sub-	mitted for filing.			
Please return all corresp	oondence concerning this matter	to the following:			
	Mimose Jean				
		Name of Person			
	Ambyans BarbershopLLC				
		Firm/Company			
	3980 SW 40th ave				
		Address			
	West Park FL 33023				
		City/State and Zip Code			
	Jimmythebarber20@gmail.	com to be used for future annual report notif	ication)		
For further information	concerning this matter, please c				
Desinord Metellus		754 273-2847			
Name	of Person	Area Code Daytime	: Telephone Number		
Enclosed is a check for	the following amount:				
■ \$25,00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
P.O. Box 6	n Section Corporations	Street Address: Registration Seconds Division of Core The Centre of Tallahassee, FL	porations allahassee e Street, Suite 810		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	OF	•
AmbyansBarbershopile		2022 Hiny
(Name of the Lim	ited Liability Company as it now appe (A Florida Limited Liability Company)	2022 HOV 3 All 6: 57
		14/7
e Articles of Organization for this Limited I	Liability Company were filed on $\frac{0}{2}$	03/23/2021 and assigned
orida document number 1.21000137146		·
is amendment is submitted to amend the fol	lowing:	
If amending name, enter the new name	of the limited liability company l	here:
in amending name, enter the new name	are the transfer transfer of the transfer of	 ·
		The state of the s
new name must be distinguishable and contain the	words "Limited Liability Company," the	designation "LLC" or the abbreviation "L.L.C."
iter new principal offices address, if appli	cable:	
rincipal office address MUST BE A STRE		
rincipal office dualess most be A STRE		
nter new mailing address, if applicable:		
failing address MAY BE A POST OFFIC <mark>I</mark>	<u> </u>	
	registered office address on our	records, enter the name of the new regis
If amending the registered agent and/or	I CEISICI CU OIIICE AGGI C33 OII OUI	
. If amending the registered agent and/or gent and/or the new registered office addr		· - · · · · ·
ent and/or the new registered office addr		· - · · · · · · · · · · · · · · · · · ·
	Desinord Metellus	
ent and/or the new registered office addr	Desinord Metellus 3930 SW 40th ave	
Name of New Registered Agent:	Desinord Metellus 3930 SW 40th ave	Clorida street address
Name of New Registered Agent:	Desinord Metellus 3930 SW 40th ave	

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. Thereby 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	Desinord Metellus	4281 SW 41st ST West Park FL 33023	
			□Remove
			□Change
AMBR Mimose Jean	Mimose Jean	4281 SW 41st ST West Park FL 33023	
			Remove
			☐ Change
			\ _Add
			□Remove
			Change
			□Add
			□Remove
			□ Change
			□Add
		□Remove	
		Change	
			□Add
		□Remove	
			□ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
10/20/2022
E. Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.
Dated 10 29 22
Signature of a member or authorized representative of a member
Desinord Metellus

Typed or printed name of signee