L21000 17774

(Re	questor's Name)
(Ad	dress)
(Ad	diess)
(Cit	ry/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Bu	siness Entity Name)
(Do	cument Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:
	Received 06/28
	06/28
	Office Use Only S.C.

06130721



500365436065

05/07/21--01013--025 **52.50

2021 JUN 28 A III 2



FLORIDA DEPARTMENT OF STATE
Division of Corporations

2021 JUN 28 AM 8: 10

RECENTARIUM ...

June 16, 2021

DANIEL GEOVANY LAGOS ESTRADA 8259 US HWY 301 N PARRISH, FL 34219

SUBJECT: THE DREAM BARBERSHOP GREAT HAIRCUT GREAT SERVICE

LLC

Ref. Number: L21000177714

We have received your document for THE DREAM BARBERSHOP GREAT HAIRCUT GREAT SERVICE LLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA LLP, but your entity is a FLORIDA LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Summer Chatham OPS

Letter Number: 721A00013492 №

www.sunbiz.org

DO DOVICES MILL

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: The Dream Barbershop Great Haircut Servill 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:
Daniel Greovany Lagus Estruda
Firm/Company
8259 US HWY 301 N Address
Parrish, Fl 34219 City/State and Zip Code
Elbella Come. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Daniel Geovany Lagor Estrada at (\$13) 317-8812 Name of Person Name of Person 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 (additional copy is enclosed) Certified Copy (additional copy is enclosed)

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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

The Dream Barber Shop Great Hair Cut Great Service LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Li	iability Company were filed on April 10,2021 and assigned
Florida document number $(21000)77771$	14
This amendment is submitted to amend the following	owing:
A. If amending name, enter the new name of	ist be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Incipal offices address, if applicable: Company
The new name must be distinguishable and contain the w	words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	cable:
(Principal office address MUST BE A STREE	ET ADDRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE	BOX)
B. If amending the registered agent and/or ragent and/or the new registered office addre	registered office address on our records, enter the name of the new registered ess here:
Name of New Registered Agent:	Daniel Geovany Lagos Estanda
New Registered Office Address:	8259 VS HWY 301 N >
	Payrish Florida 34219 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, R.S. Or, if this document is being filed to merely reflect a change in the registered office address, Alleredy confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If agiending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = N $AMBR = A$	danager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Daniel Lagos	8259 USHWY 301 N Parrish, FL 34219	🗆 Add
		- 1011DM, 1 L 390101	\$ Remove
			Change
MGR	Daniel Greavany Lagos E	strada 8259 US HWY 301 N	3 8Add
		Parrish, FL 34219	□Remove
			□Change
			□Add
			□Remove
			©Change
		·	□Add
	•	28	Remove
		11: 2 <u>u</u>	_ □Change
			□Add
			□Remove
			□Change
			□Add
			□Remove

	ending any other information, enter change(s) here: Mach additional she Adding the full name of MGR, Ba	nV. ()	essary.) FFI (4	?γ (
•	from wells Fargo required the f	7111	nan	00
				7
	on record to be registered in	1 2UY		<u> </u>
				
		 	 	
•				
•	, , , , , , , , , , , , , , , , , , ,		<u>.</u>	
	d			
				 .
		.;) ,	 -3	(D)
•			— <u>1171</u>	. 1
		· ·	jim 2	. =
•			<u>~~</u>	11
			<u></u>	<u> </u>
Note:	five date, if other than the date of filing: Tective date is listed, the date must be specific and cannot be prior to date of filing or more than If the date inserted in this block does not meet the applicable statutory filing requirement's effective date on the Department of State's records.	(opti 90 days after ements, thi	7. 22 onal) filing.) Pur s date will	suant to 605.0207 (not be listed as t
		arlier of: (h) The 90	th day after the
	rd specifies a delayed effective date, but not an effective time, at 12:01 n.m. on the ended.		,	arter the
the recordis fi	APVII 10 June June 1		,	ar day arter the
ord is fi	iled.			an day after the