L21000268992

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COVER LETTER

TO:

FO: Registration Se Division of Cor			
SUBJECT:	John B	Barbar Stop	
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
	ondence concerning this matter		
	<u>Je</u>	Mane of Person	
		Firm/Company	
	6454	Willoughby Address	Cic
		We Worth FL 3 City/State and Zip Code	
For further information c	E-mail address; (to be used for future annual report noti	itication)
	Bolivar .	at (561) 577	8 つん〇 le Telephone Number
Enclosed is a check for the	ne following amount:	·	
☑ \$25.00 Filing Fee	S30.00 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)
		•	
Mailing Addres		Street Address:	
Registration :		Registration Se	
Division of C		Division of Cor	•
P.O. Box 632		The Centre of T	
Tallahassee, I	t1. 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JOHN B BARBERSHOP 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 Liability Company Florida document number $\1 L21000268992$	06/0 y were filed on م	09/2021	_ and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lial	bility company here:		
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designat	ion "LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our record	s, <u>enter the name (</u>	of the new registere
Name of New Registered Agent:			• .*
New Registered Office Address:			
New Registered Office Address.	Enter Florida stre	vet address	.75
		Florida	
	Спу		Zip Code
New Registered Agent's Signature, if changing Registered Agent	<u>:</u>		
I hereby accept the appointment as registered agent and agr	ree to act in this capac	ity. I further agree	to comply with the

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>	Address	Type of Action
MMBR/OWNER	Jean Bolivar		□Add
			Remove
			X Change
			□Add
			□Remove
			□ Change
			🗀 Add
			□Remove
			□Change
			□Add
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_	Keep	Jean	Bulivor	05	owner	Romar	_
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ocume	nt's effective	date on the De	partment of State's r	ecords.			
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ecora is file		elayed effective	date, but not an effe	ctive time, at 1	2:01 a.m. on the ear	lier of: (b) The 90th day af	ter the
ated _			, <u></u>				
		<u></u>	M Boline Signature of a member				
		(eo	inc i Hotau	<i></i>			
		`~J :	Signature of a member	or authorized re	presentative of a memb	er	