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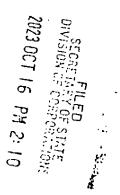
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Y. SCOTT OCT 25 2023

COVER LETTER

Registration Section

TO:

Div	ision of Cor	porations				
	Exclusive C	Cutz City of Deltona, LLC - Na	me Change			
SUBJECT:		Name of Limi	ted Liability Company			
The encloses	l Articles of	Amendment and fee(s) are sub-	nitted for filing.			
Please returr	all correspo	ndence concerning this matter (to the following:			
		Edward Martinez				
			Name of Person			
		Barber Shop			207 VIG	
			Firm/Company		30 65	
1235ProvidenceBlvdSuiteE					DIVISION OF CO 2023 OCT 16	
			Address		5 PM	
		Deltona, FL 32725			DIVISION OF CORPORATIONS 2023 OCT 16 PM 2: 10	
			City/State and Zip Code		a 3	
		EdwardStilo@yahoo.com				
		·	o be used for future annual report no	lification)		
For further in	iformation c	oncerning this matter, please ca	ill:			
Edward Mar	tinez		386 473-5500 at ()			
	Name o	f Person		ne Telephone Number		
Enclosed is a	check for th	ne following amount:				
□ \$25.00 F	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Certificate of Certified Co (additional cop	of Status &	
	iling Addres		Street Address: Registration Se	ection		
	_	orporations	Registration Section Division of Corporations			
). Box 632		The Centre of			
Tal	lahassee F	41 32314	2415 N. Monra	oe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Exclusive Cutz City of Deltona, LLC				
(<u>Name of the Limited Liability Com</u> (A Florida Limited	oany as it now appears on our records.) I Liability Company)			
The Articles of Organization for this Limited Liability Company were filed on 06/29/2021 Florida document number L21000299345				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited lia	bility company here:			
Edward Stilo Barber Shop, LLC	,	•		
The new name must be distinguishable and contain the words "Limited Liab	pility Company," the designation "LLC" or the about	obreviation "EL.C."		
Enter new principal offices address, if applicable:	Same address: 1235 Providence Blvd	73 00		
Principal office address MUST BE A STREET ADDRESS)	Suite E	그 워크크		
	Deltona, FL 32725	9 555 137		
Enter new mailing address, if applicable:	Same as above	PH 2: 10		
(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:	e address on our records, <u>enter the nan</u>	ne of the new register		
Name of New Registered Agent: N/A				
New Registered Office Address:				
	Enter Florida street address			
	, 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>	Address	Type of Action
		N/A	□Add
			□Remove
			□Change
			□Add
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			Change SEC 27 1 1 23 0 C □
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ctive date, if other than the	date of filing:			(optional)	
effective date is listed, the date must <u>e:</u> If the date inserted in this blo	be specific and cannot b	e prior to date of filir	ng or more than 90 day		
ument's effective date on the De			, ,		
ord specifies a delayed effective filed.	date, but not an effec	tive time, at 12:01	a.m. on the eartier	of: (b) The 90th	day after in
October 10	2023	·			
21	01/1	1			
/ ///www	Mulling	Uwner	ntative of a member		