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Prom:	Account Number Phone	: LEGALZOOM.CCM INC. : 120010000062 : (323)962-9600 : (323)962-3889	- 7	

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **ELEVATE BARBERSHOP IND PLLC**

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COVER LETTER

TO:	Registration Se Division of Cor			
		BARBERSHOP IND PLLC		
SUBJE	CT:	Name of Limit	ed Liability Company	
		Amendment and fee(s) are submondence concerning this matter to		
		Cheyenne Moseley		
			Name of Person	·
		Legalzoom.com, Inc.		
			Firm/Company	
		101 N Brand Blvd 11th Fl		
			Address	
		Glendale, CA 91203		
			City/State and Zip Code	
		Robert feliciano 11@gmail.co	om o be used for future annual report notifi	antian)
For furt	her information c	in-mail address: (if concerning this matter, please ca		Catoni
	ine Moseley		800 773-0888 at ()	
	Name o	of Person	Area Code Daytime	Telephone Number
Enclose	d is a check for the	he following amount:		
□ \$25	.00 Fiting 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)
	MAH	INC: ADDRESS:	STREET/COURI	ER ADDRESS:

Registration Section Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ELEVATE BARBERSHOP IND PLLC		283
(Name of the Limited Liablity Compa (A Florida Limited)	ny as it now appears on our records.) liability Company)	8 第
The Articles of Organization for this Limited Liability Company Florida document number 1.21000325054 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liab		and assigned on him
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	14518 North Florida Ave.	
(Principal office address MUST BE A STREET ADDRESS)	Tampa, FL 33613	
Enter new mailing address, if applicable:	14518 North Florida Ave.	
(Mailing address MAY BE A POST OFFICE BOX)	Tampa, FL 33613	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her Name of New Registered Agent:	e:	er the name of the ne
New Registered Office Address:	_	
New Registered extract registers.	Enter Florida street address	
	Florida	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	Сиу	zarcian
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	ee to act in this c <mark>upa</mark> city. I further i performance of my duties, and I al provided for in Chapter 605, F.S. (n familiar with and)r, if this document is:
If Cha	nging Registered Agent, Signature of New	Registered Agent

LegalZoom.com, Inc.

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	FELICIANO, ROBERT A		Add
			Remove
		14518 North Florida Ave. Tampa, Fl. 33613	☐ Change
			Add
			☐ Remove
			☐ Change
			□ Add
			Remove
			☐ Change
			□ Remove
			Change
			
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Note:	ive date, if other than the date of filing:	605.02 listed	:07 (3)(1 as the
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the ear 90th day after the record is filed.	ırlier	of:
Dated	$\alpha + 11^{\circ}, 2021$		
	Signature of a member or authorized representative of a member	-	

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Filing Fee: \$25.00