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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : SUPREME SERVICE AND CARGO INC

Account Number : I20160000039 Phone : (786)512-0746 Fax Number : (305)324-9641

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:___

LP/LLLP AMENDMENT/RESTATEMENT/CORRECTION

FRIENDS BARBER SHOP LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
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Tallahassee, FL 32314

3053249641

COVER LETTER

TO:	Registration So Division of Cor		Н	220 000	67459 3
		BARBER SHOP LLC		•	
SUBJE	.CI:	Name of Lin	ited Liability Company		
		Amendment and fee(s) are sub			
	•	MIRIAM LAITANO	_		
			Name of Person		
		SUPREME SERVICES IN	₹C		
			Firm/Company		
		25 NW 10 AVENUE			
			Address		
		MIAMI, FL 33128			
		mairimlai@aol.com	City/State and Zip Code		
For furt	her information o	E-mail address: (oncerning this matter, please of	to be used for future annua all:	d report notification)	
MIRLA	M LAITANO		786 5	12-0746	
	Name o	f Person	at () Area Code	Daytime Teleph	ione Number
Enclose	d is a check for th	ne following amount:			
■ \$25	.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee Certified Copy (additional copy is er		S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration S	Section	Regist	Address: ration Section	
	Division of C P.O. Box 632			on of Corporation on the control of the control of Tallaha	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

New Registered Agent's Signature, if changing Registered Agent:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF H 220 000 67459 3

FRIENDS BARBER SHOP LUC (Name of the Limited Liability Company 25 it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 08/25/2021 and assigned This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: FRIENDS BEAUTY SALON LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 752 WEST FLAGLER STREET SUITE 104 Enter new principal offices address, if applicable: MIAMI, FL 33130 (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 address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address , Florida

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.

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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

Title	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			☐ Remove
			□ Add
			Remove
			□ Change
			DAdd
			□Remove
			Change
			□ Add
			□Remove
		·	☐ Change
			□ Add
			□Remove

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D. If amending any other informati	on, enter change(s) here: (Attach additional sheets, if necessary.)
	
	
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	JANUARY 1, 2022
E. Effective date, if other than the date (If an effective date is listed, the date must be	te of filing: (optional) specific and convot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)
Note: If the date inserted in this block document's effective date on the Department.	4005 not meet the applicable significate thing requirements, this date will not be listed as the
the record specifies a delayed effective decord is filed.	ite, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated FEBRUARY 15	, 2022
Marin J. ans	nature of a member or authorized representative of a member
Sign	nature of a member or authorized representative of a member
MARIA J. AVILA	
	Typed or printed name of signee

Filing Fee: \$25.00