## L21000400208

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
J. HORNE SEP 1 y 2024

Office Use Only



900436457969

09/16/24--01024--022 \*\*20.00

09/16/24--01024--023 \*\*5.00

FILED 2024 SEP 15 PM 3: 30

## **COVER LETTER**

Div	ision of Corp	orations				and Programmy Spirit
CUBICAT	THE STYLE	CUTS BARBER SHOP LL	С			to be a self of the self of th
SUBJECT:	<del></del>	Name of Lim	ited Liability Company			TERTOLOGIA
. •						The second
The enclosed	d Articles of A	mendment and fee(s) are sub	mitted for filing.		:	
Please return	all correspon	dence concerning this matter	to the following:			ريس نات الو
		J	, and the second			
		YASIEL MACHADO				
• •			Name of Person	<u> </u>	<del></del>	
· .			Firm/Company		<del></del>	اد العرب الدواء العالم الدواء
•		6346 SW 136 CT, APT H	1113			
			Address	<del></del>	<del></del> .;	
		MIAMI, FLORIDA 33183				The same of the same of the same
			City/State and Zip Code			11 m 1 m 2 d 1 m 20
		yasielmachadoperez16@	gmail.com to be used for future annual r	nana natitivation)	<del></del>	
				eport notification)		
For further in	nformation co	ncerning this matter, please ca	all:			ا الله الله الله الله الله الله الله ال
YAŞIEL MA	ACHADO		786 602	27816	•	
	Name of	Person	Area Code	Daytime Telepho	ne Number	- एवं क्ट्रेन्डिंड के क्ट्रिन्ड - एवं क्ट्रेन्डिंड के
						A THE RESERVE OF THE PARTY OF T
Enclosed is	a check for the	e following amount:				
<b>≊ \$</b> 25.00 I	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy		\$60.00 Filing Fee, Certificate of Status &	
			(additional copy is encl	osed)	Certified Copy (additional copy is enclosed	

**Registration Section** 

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

FILED 2024 SEP 15 PM

THE STYLE CUTS BARBER	R SHOP LLC	2024 SEP 15	PM 2: 201: - 2 2
(Name of the	Limited Liability Company as it now a (A Florida Limited Liability Compa	ppears on our records.)	F 97 1 2 3 3 3 3 3 3 3
The Articles of Organization for this Limit	ed Liability Company were filed o	n <u>09/09/2021</u>	and assigned
Florida document number L21000400208	·		• •
This amendment is submitted to amend the	e following:		
A. If amending name, enter the new name	me of the limited liability compar	<u>ıy here</u> :	
STYLUXX LLC			,
The new name must be distinguishable and contain	the words "Limited Liability Company."	the designation "LLC" or the abbr	eviation "L.L.C."
Enter new principal offices address, if a	pplicable:		A CONTRACTOR OF THE STATE OF TH
(Principal office address MUST BE A ST	REET ADDRESS)		
			ر غود در او در در همین در
Enter new mailing address, if applicable	e:		
(Mailing address MAY BE A POST OFF	<u> </u>	<del></del>	
B. If amending the registered agent and	Vor registered office address on a	our records, enter the name	of the new registered
agent and/or the new registered office as		<u></u>	
Name of New Registered Agent:			
New Registered Office Address:			
	Ente	r Florida street address	6,543
		, 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.

MGR = M		zed to manage, <u>enter the title, name, and</u>	ر بر الله الله الله الله الله الله الله الل
AMBR = A	uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
<del></del>		<del></del>	□Add 🌣 💆
			Remove
			Change
ر د منسوم کرد د منسوم کرد			□Remove
•			Change.
			TARA A S
<u> </u>			Add
			□Remove:
			□Change
<del></del>			Add
			□Remove
· -;•			
			Change
<del>* 4-5</del>			□ Add
,			
			□ Remove
•			Change

Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if	necessary.)
	Care in
·	
. · · · · · · · · · · · · · · · · · · ·	بېچىرى ئىسقىقىقىد ،
	- 17 N. L
	<u> </u>
	<u> </u>
·	
· ·	and will promised
E. Effective date, if other than the date of filing:	optional) after filing.) Pursuant to 605.0207 (3)(b) this date will not be listed as the
document's effective date on the Department of State's records.	
	C (I ) The Oods the Orante
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of record is filed.	of: (b) The 90th day after the
- Dated SEPTEMBER 10TH 2024	ار بالميان الميان ا الميان الميان الميا
Signature of a member or authorized representative of a member	
- ' ' ' ' (	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
YASIEL MACHADO  Typed or printed name of signee	انگاری دوید خ د و مواهد برا