

**L21000424022**  
Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : CAPITAL PRO SERVICES, LLC  
Account Number : I20220000008  
Phone : (772)249-5273  
Fax Number : (772)264-6100

2023 OCT 11 PM 9:44

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

Email Address: yuniormz6086@yahoo.com

RECEIVED

2023 OCT 11 AM 9:52

STATE OF FLORIDA  
DIVISION OF CORPORATIONS

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
EL REY BARBER SHOP 2, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

S. ROBERTS

COVER LETTER

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TO: Registration Section  
Division of Corporations

SUBJECT: EL REY BARBER SHOP 2, LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

YUNIOR MIÑOZ ZAMORA  
Name of Person  
EL REY BARBER SHOP 2, LLC  
Firm/Company  
985 SW SULTAN DRIVE  
Address  
PORT ST LUCIE, FL 34953  
City/State and Zip Code  
yuniform26086@yahoo.com  
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

MADJOISE G. RAMIREZ  
Name of Person  
772 239-5273  
Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$25.00 Filing Fee
- \$30.00 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 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

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ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

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EL REY BARBER SHOP 2, 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 were filed on 09-28-2021 and assigned Florida document number 1.21006424022.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:  
(Principal office address MUST BE A STREET ADDRESS)

4969 S US HWY 1  
FORT PIERCE, FL 34982

2023 OCT 11 PM 8:14

Enter new mailing address, if applicable:  
(Mailing address MAY BE A POST OFFICE BOX)

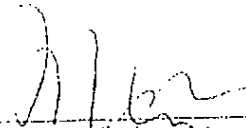
985 SW SULTAN DRIVE  
PORT ST LUCIE, FL 34953

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: CAPITAL PRO SERVICES, LLC  
New Registered Office Address: 1972 SW CAMEO BLVD  
Enter Florida street address  
PORT ST LUCIE, Florida 34953  
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 Changing Registered Agent, Signature of New Registered Agent

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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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	REINALDO DE LA PAZ	412 POPLAR AVF	<input type="checkbox"/> Add
		PORT ST LUCIE, FL 34952	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	YUNIOR MUÑOZ ZAMORA	985 SW SULTAN DRIVE	<input checked="" type="checkbox"/> Add
		PORT ST LUCIE, FL 34853	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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