

122000012443

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

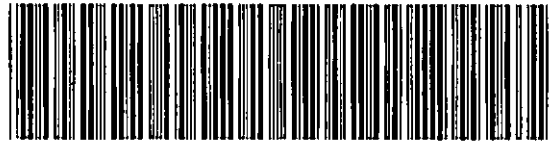
(Business Entity Name)

(Document Number)

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NIC & Amend

2022 SEP 19 PM 12 47

FILED

A. RAMSEY

DEC 14 2022

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT:

Flying Duttmann's Barber Shop
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:

Ray A Silva JR.
Name of Person

Firm/Company

6671 W 22nd CT #22
Address

City/State and Zip Code

Hiawatha FL 33016

Barber on the run fl@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ray A Silva JR
Name of Person

at 305
Area Code

930-1110
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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Flying Dutchmann's Barbershop

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED

2022 SEP 19 PM 12 47

The Articles of Organization for this Limited Liability Company were filed on 1/5/22 and assigned
Florida document number L22000012443.

This amendment is submitted to amend the following:

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

Top Notch Barber & Beauty Expo LLC

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)

6671 W 22nd Ct

#22

Hialeah, FL 33016

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

6671 W 22nd Ct

#22

Hialeah FL 33016

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:

6671 W 22nd Ct #22

Enter Florida street address

Hialeah

City

Florida

33016

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

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>
<u>CEO</u>	<u>Pedro J Leon</u>	<u>505 Highland Avenue</u>	<input type="checkbox"/> Add
		<u>Port Charlotte, FL 33952</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>V P /</u>	<u>Nereida Armenteros</u>	<u>6071 W 22nd Ct</u>	<input checked="" type="checkbox"/> Add
<u>AMBR</u>		<u>#20</u>	<input type="checkbox"/> Remove
		<u>Hialeah, FL 33016</u>	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(If an effective date is listed, the date must be specific and cannot 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 does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated September 12 2022

T. A. Dir JR
Signature of a member or authorized

Signature of a member or authorized representative of a member

Ray. A. Silva JR
Typed or printed name of

Typed or printed name of signee