

K22 0000 87345

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

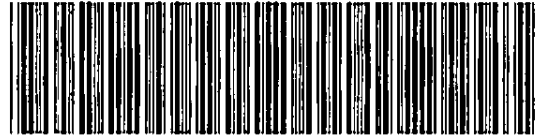
(Document Number)

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2022 AUG 19 PM 4:32
TALLAHASSEE, FL



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 19, 2022

HERMINIO MARTINEZ-ACEVEDO III
1901 TITUS CT
LEHIGH ACRES, FL 33972

AUG 19 2022

SUBJECT: CREATIVE CULTURE BARBERSHOP LLC
Ref. Number: L22000087395

We have received your document for CREATIVE CULTURE BARBERSHOP LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The titles you have listed for the individuals or business entities which will manage the limited liability company are not acceptable. We cannot accept the terms: partner, officer, owner or member. You must insert the letters "MGRM" for each individual or business entity that is a member and will serve in a managerial capacity. If the individual or business entity is not a member, but will serve in a managerial capacity, you must insert the letters "MGR." We will also accept "Authorized Representative", "Authorized Person", and "Authorized Member".

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tekayla T Matthews
OPS

Letter Number: 322A00016060

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Creative Culture Barbershop 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:

HERMINIO MARTINEZ-ACEVEDO III
Name of Person

CREATIVE CULTURE BARBERSHOP LLC
Firm/Company

1901 TITUS CT.
Address

Lehigh Acres FL 33972
City/State and Zip Code

CREATIVECULTURESTUDIO2020@gmail.com
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE

For further information concerning this matter, please call:

HERMINIO MARTINEZ-ACEVEDO III at (813) 900-1148
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--------------------------------------------------------|------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

Creative Culture Barbershop 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 2-23-2022 and assigned Florida document number L22000087395

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)

1951 Colonial Blvd
Fort Myers FL 33921

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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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 _____
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

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>
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MGR	HERMINIO MARTINEZ-ACUERO III	1901 TITUS CT Lehigh Acres FL 33972	<input checked="" type="checkbox"/> Add
-----	------------------------------	----------------------------------------	-----------------------------------------

_____ ☐ Remove

_____ ☐ Change

AMBR	Tiffany M. Martinez	1901 TITUS CT Lehigh Acres FL 33972	<input checked="" type="checkbox"/> Add
------	---------------------	----------------------------------------	-----------------------------------------

_____ ☐ Remove

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STATE
TREASURER, FL

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TALLAHASSEE FL

(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)

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 _____, 19____

A handwritten signature in black ink, appearing to be "Adrian". The signature is written on lined paper with horizontal blue lines. It consists of a capital "A" followed by "drian". There are some additional loops and flourishes at the end of the word.

Signature of a member or authorized representative of a member

Hermilio Martinez-Acevedo III

Typed or printed name of signee

Filing Fee: \$25.00