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TO:

	Registration Se Division of Cor								
CHD IEC		kkz Cutz and Style L.L.C							
Name of Limited Liability Company									
The enclo	osed Articles of	Amendment and fee(s) are sub	mitted for filing.						
Please ret	urn all correspo	ndence concerning this matter	to the following:						
		Robert O Saunders Sr							
		•	Name of Person						
		Barberholikkz Cutz and St	yle L.I. C						
			Firm/Company						
		700 Timbermill Lane							
			Address						
		Orange Park, FL 32065							
			City/State and Zip Code						
		barberholikkz@outlook.com							
		E-mail address: (to be used for future annual report no	outication)					
For furthe	er information co	oncerning this matter, please co	all:						
Robert O	Saunders Sr.		314 516-3791						
	Name o	f Person	at () Area Code Dayti	me Telephone Number					
Enclosed	is a check for th	e following amount:							
□ \$ 25.0	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			Street Address: Registration S	ection					
Division of Corporations			Division of Co	orporations					
	P.O. Box 632 Tallahassee, F		The Centre of 2415 N. Monr	Tallahassee oe Street, Suite 810					

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2022 JUN 13 PM 12: 27

Barberholikkz Cutz and Style L.L.C (Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

TALLAHASSEE, FL The Articles of Organization for this Limited Liability Company were filed on May 25, 2022 and assigned Florida document number L22000246901 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) 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

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 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>	Address	Type of Action		
MGR	Ardena N Saunders	700 Timbermill lane	□Add		
		Orange Park, FI 32065	≣Remove		
			□Change		
MGR	Robert O Saunders Sr.	700 Timbermill lane	= Add		
		Orange Park, Fl 32065	□Remove		
			□Change		
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Filing Fee: \$25.00