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(Requestor's Name)	
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SECRETARY OF STATE
TALLAHASSEE, FL

## **COVER LETTER**

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TO:

TO: Registration Se Division of Cor			
CUDICOT	MARIO, LLC		
SUBJECT:	Name of Lim	ited Liability Company	<del></del>
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing	
	ondence concerning this matter	-	
riease retuin an correspe	macine concerning this matter	to the following:	
	MARIO TORRES		
		Name of Person	
	BARBER MARIO, LLC		
		Firm/Company	<del> </del>
	716 NW 90TH TER		
		Address	
	PLANTATION, FL 33324		
	<del> </del>	City/State and Zip Code	
	tonato83@gmail.com		· <del></del>
For further information c	e-mail address: ( oncerning this matter, please c	to be used for future annual report noti all:	ncauon)
MARIO TORRES		954 278-4941	
Name o	f Person	at () Area Code Daytim	ne Telephone Number
Enclosed is a check for the	ne 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 9 Division of O P.O. Box 632	Section Forporations 7	Street Address: Registration Se Division of Cor The Centre of T	rporations Fallahassee
Tallahassee, l	( 11 JZJ   <del>11</del>	Tallahassee, FL	e Street, Suite 810 2 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BARBER MARIO, 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 JULY 7TH, 2022 and assigned Florida document number \_L22000303678 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 of the contain the words "Limited Liability Company," the designation "LLC" or the abbreviation of the contain the words "Limited Liability Company," the designation "LLC" or the abbreviation of the contain the words "Limited Liability Company," the designation "LLC" or the abbreviation of the contain the words "Limited Liability Company," the designation "LLC" or the abbreviation of the contain the words "Limited Liability Company," the designation "LLC" or the abbreviation of the contain the words "Limited Liability Company," the designation "LLC" or the abbreviation of the contain the words "Limited Liability Company," the designation "LLC" or the abbreviation of the contain the words "Limited Liability Company," the designation "LLC" or the abbreviation of the contain the words "Limited Liability Company," the designation of the contain the words "Limited Liability Company," the contain the contain the words "Limited Liability Company," the contain t 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: MARIO TORRES Name of New Registered Agent: 716 NW 90TH TER New Registered Office Address: Enter Florida street address \_, Florida 33324 Zip Code PLANTATION City

## 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>	Address	Type of Action
AMBR	MARIO E TORRES	716 NW 90TH TER, PLANTATION, FL 33324	<b>=</b> Add
			□Remove
			□Change
			□Add
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			□Add
			□Remove
			Change
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			□Remove
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			□Change
			□Add
			□Remove
			□Change

Effective date, if other than the date of filing:  [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  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records.  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 rd is filed.  Dated  July 28TH  2022  Signature of a member or authorized representative of a member  MARIO TORRES							
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Filing Fee: \$25.00