## 12200319493

	(Requestor's Name)				
	(Address)				
	(Address)				
	(City/State/Zip/Phone #)				
PICK-U	P WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	Certificates of S	Status			
Special Instructions to Filing Officer:					





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## **Elevate Barbering LLC Member Meeting**

Friday May 31, 2024

This meeting has been called to finalize the decision Gonzo International LLC has made to dissociate from Elevate Barbering LLC. This decision has been consulted with all members and members approve.

Sanchez Visions LLC will hereby remain the Single-Member in control of Elevate Barbering LLC.

Both members will sign below to acknowledge both parties in agreement.

Cristian Gonzalez

Gonzo International LLC

5717 SW 116TH PLACE OCALA, FL 34476

Ryan Sanchez

Sanchez Visions LLC

1729 E Silver Springs Blvd Suite 4

OCALA, FL 34470

**Registered Agent/Authorized Representative** 

Ryan Sanchez

**Notary & Witness** 

Notary Public State of Florida Maria Concepcion Velez My Commission HH 319727 Expires 10/6/2026

na Concepción 5/31/24

5/71/2024

## **COVER LETTER**

TO: Registration Section Division of Corporations				
Elevate Barbering LLC				
SUBJECT: Name of Limited Liability Company				
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
	ondence concerning this matter	-		
	Ryan Sanchez			
	·	Name of Person		
	Elevate Barbering			
Firm Company				
1729 E Silver Springs Blvd				
	Address			
	Ocala, FL 34470			
		City/State and Zip Code	······································	
	Philbyfadez@gmail.com			
	E-mail address: (	to be used for future annual report not	(lication)	
For further information of	concerning this matter, please c	all:		
Ryan Sanchez		407 508-5315		
Name of Person		at () Area Code Daytin	ne Telephone Number	
Enclosed is a check for t	he 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		Street Address: Registration Se Division of Cor		
P.O. Box 6327		The Centre of T	The Centre of Tallahassee	
Tallahassee, FL 32314		2415 N. Monro	2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Elevate Barbering 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  $\frac{(07/19/2022)}{100}$ \_\_\_\_\_ and assigned Florida document number 1.22000319493 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 "LLC." 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. Thereby 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>	Name	<u>Address</u>	Type of Action
AMBR Gonzo International LLC	Gonzo International LLC	5717 SW 116TH PLACE	
		OCALA, FI, 34476	
			□Remove
			□Change
	<del></del>		□Add
			□Remove
			☐ Change
			□Add
			□Remove
			□ Change
·			
		-	□Remove
			□Change
			□Add . ;
			□Remove
			∏Change

Filing Fee: \$25.00