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COVER LETTER

TO: Registration Se Division of Cor			
	LEGANCE LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
	ondence concerning this matter	•	
	Dennis Camacho		
		Name of Person	-
	DC BARBER		
		Firm/Company	
	818 drum ct		
		Address	
	lehigh acres, Fl 33974		
	•	City/State and Zip Code	
	Denniscamacho42@gmail.		
		to be used for future annual report not	ification)
For further information c	concerning this matter, please o	all:	
Dennis Camacho		954 5606514	
Name o	f Person	at () Area Code Daytin	ne Telephone Number
Enclosed is a check for the	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 Addres Registration S		Street Address: Registration Se	ection
Division of C		Division of Co	
P.O. Box 632		The Centre of	
Tallahassee, 1	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BLOOM ELEGANCE LLC	
(Name of the Limited Liability (A Florida)	Company as it now appears on our records.) imited Liability Company)
The Articles of Organization for this Limited Liability Co	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limite	ed liability company here:
DC-BARBER 1)	Mobile Barbarshop LLC
The new name must be distinguishable and contain the words "Limite	ed 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 ADDRE	ESS)
Enter new mailing address, if applicable:	2025
(Mailing address MAY BE A POST OFFICE BOX)	<u></u>
	office address on our records, enter the name of the new registered
B. If amending the registered agent and/or registered of the and/or the new registered office address here:	office address on our records, enter the name of the new registered
	- IE 2
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:

DI CONTELECTIVOS LA C

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>	Name	Address	Type of Action
			□Rcmove
			☐ Change
			□Add
		***	□Remove
			□Change
			□Add
		-	□Remove
			Change
			□Add
			□Remove
			□Change
			□ Add
			□Remove
			☐ Change
			
			🗆 Remove
			□Change.

Please change NAME From: BLOO	DM ELEGANCE LLC
to NEW LLC: DC-BARDER	DC mobile Barbership LC
	·
	
	
	01/01/2025
ctive date, if other than the date of effective date is listed, the date must be specifically in this block document's effective date on the Department.	of filing:
ord specifies a delayed effective date, l filed.	but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
November 29	2024
Ü. Signatu	re of a member or authorized representative of a member
Amanda Martinez	Typed or printed name of signee

Filing Fee: \$25.00