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COVER LETTER

TO:	Registration Se Division of Cor			
	The Spot Ba	arber Academy Miami Gardens	s LLC	
SUBJI	ECT:			* · · · · · · · · · · · · · · · · · · ·
		Name of Lim	ited Liability Company	>
The en	iclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please	return all correspo	ondence concerning this matter	to the following:	
		Disnet Riveron-Perdomo		
			Name of Person	
			Firm/Company	
		10442 NW 31st Terrace		
		Miami, FL 33172	Address	
		Riveron@thespotbarberacae	City/State and Zip Code demy.com	
		E-mail address: (to be used for future annual report no	ification)
For fur	rther information c	oncerning this matter, please c	all:	
Disnet	Riveron-Perdomo		305 454-1234	
****	Name o	f Person	at () Area Code Daytii	ne Telephone Number
Enclos	sed is a check for the	he following amount:		
d \$2	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		Street Address: Registration S	ection
Division of Corporations			Division of Co	
	P.O. Box 632		The Centre of	
	Tallahassee, l	FL 32314	2415 N. Monr	pe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

The Spot Barber Academy Miami Gardens LLC

2022 OCT 21 AM 9: 47

(Name of the Limited Liat	bility Company as it now appears on our re	cords.) Se				
(A Flor	bility Company as it now appears on our re- rida Limited Liability Company)	TALLAHASSEE				
The Articles of Organization for this Limited Liability Florida document number L22000364349	y Company were filed on 8/18/2022	and assigned				
This amendment is submitted to amend the following:	 '					
A. If amending name, enter the new name of the li	imited liability company here:					
The new name must be distinguishable and contain the words "I	.imited 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 AD)	DRESS)					
Enter new mailing address, if applicable:						
(Mailing address MAY BE A POST OFFICE BOX)						
B. If amending the registered agent and/or registe agent and/or the new registered office address here		iter the name of the new registere				
Name of New Registered Agent:		·				
New Registered Office Address:	Enter Florida street aa	ldross				
	Enter Florida street address					
	City	, Florida				
	City	rip Coue				

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, <u>enter the title, name, and address of each person being added</u> <u>or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Disnet Riveron-Perdomo	1645 SW 14th Terrace, Miami FL 33145	⊠ ∧dd
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ecord specifies a delaye is filed.	d effective date, b	out not an effe	ective time,	at 12:01 a.m	on the earlier	of: (b) Tl	ne 90th	day after	the
October 17, 2022		,							
ted	•			/,					

Typed or printed name of signee