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COVER LETTER

**TO: Registration Section
Division of Corporations**

The Spot Barber Academy Miami Gardens LLC

SUBJECT: _____
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Disnet Riveron-Perdomo

Name of Person

Firm/Company

10442 NW 31st Terrace

Address

Miami, FL 33172

City/State and Zip Code

Riveron@thespotbarberacademy.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Disnet Riveron-Perdomo

305

454-1234

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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TALLAHASSEE, FL

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

[illegible]

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ST. LOUIS, MO
FBI

E. Effective date, if other than the date of filing: _____ (optional)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

October 17, 2022
Dated

Juan Carlos Perdomo

Typed or printed name of signee

Filing Fee: \$25.00